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Update on the Grand Jury Report No. 1703 and Referrals 115 & 116 – MHC’s White Paper and BH Division White Paper Clarifications

There are three primary areas of update related to the addendum that was previously presented.

Grand Jury Report #1703: Facilities for Children’s Mental Health Services

West County Children’s Clinic staff has met with Steve Harris and Gennifer Mountain, to review concerns and address the areas of deficiency within the current building, to include concerns about asbestos. The clinic will be moving to a new clinic site in eighteen to twenty-four months. Based on the areas of concern, and subsequent feedback, the current site will need to be renovated to ameliorate some of the environmental issues that have plagued the clinic, such as roof repairs, interior paint, carpet replacement and correction of ADA compliance issues. An estimate has been rendered totaling roughly \$250,000. The roof repairs are tentatively scheduled to be completed in October/November, depending on contractor availability, and the interior renovations are anticipated to be completed by the end of the year. Further discussion will need to take place around ADA space re-allocation. Air quality has been checked regularly by Risk Management, and there has been no indication that there are concerning levels of asbestos indicated. Air quality will again be tested at the completion of renovations at the clinic. The new facility will not be ready for occupancy for eighteen to twenty-four months, perhaps a bit longer.

We are actively seeking the relocation of the First Hope Programming in a centralized county location. This will free up space for the development of the new TAY Transitional Housing program at Oak Grove and the development of the First Break program to be co-located with First Hope. Program staff has visited several prospective sites and are weighing benefits and challenges of these spaces with Finance and County Administration. It is a common goal to locate a site that will allow for expansion of services, with minimal impact to current budget funding allocated for any tenant improvements needed before moving. With this innovative program, appropriate facility design will be crucial. It must meet the needs of the program treatment space and be inviting and friendly to the teens and families that it will serve. The staff ideally will be involved in the interior design of the new facility.

Grand Jury Report No. 1703 and Referrals 115/116: Psychiatric Shortage and Recruitment Efforts

The Deputy Director of Behavioral Health, Matthew Luu, has been working with the Division’s Acting Medical Director to expand the recruitment of Psychiatrists. Historically, the Behavioral Health Division has solely utilized Jackson & Coker Locumtenens, LLC to assist in recruitment of Psychiatrists. Since the last update, the County has enhanced efforts to expand the recruitment and employment of Physicians via Health Services Finance’s approval for Behavioral Health to access the staffing agencies utilized by CCRMC.

To date, the contract agencies working with the Behavioral Health Division are now: Jackson & Coker Locumtenens, LLC., Staff Care, Locumtenens.com, and Traditions Behavioral Health (TBH).

No studies have been conducted by the Division related to a staffing assessment. Once current vacancies are filled, the Division will then determine if an assessment is needed to look at future needs for Psychiatry. It is important to note that there is an acute shortage of Psychiatrists available in the market and even fewer Child Psychiatrists. Every County in the State is dealing with this reality. There is no new information to report on County psychiatrist salary and benefits changes since the County is still negotiating with Physicians’ and Dentists’ Organization of Contra Costa. The current contract was recently extended through December 31, 2017.

The following tables summarize the current status of Psychiatric staffing:

Children’s System of Care

	Filled Positions (Contract)	Vacant Positions (County)
Children’s	7.6 FTE	3.8 FTE

Confirmed Candidates:

MD Name	% FTE	County Region	Status	Agency Name
John Kipling Jones	1.0	West	November 2017 start date	Jackson & Coker, LLC
Barbara Swarzenski	0.6	West	December 2017 start date	CCBHS contract
Nicole Quiterio	1.0	West	Interview in October 2017	TBH
Zakee Matthews	1.0	West	Interview in October 2017	TBH

Adult System of Care

	Filled Positions (Contract)	Vacant Positions (County)
Adult	25.8 FTE	7.2 FTE

Confirmed Candidates:

MD Name	% FTE	County Region	Status	Agency Name
Richard Cohen	0.6	East	January 2018 start date	Staff Care
Chang Lee	1.0	East	November 2017 start date	Staff Care

Behavioral Health is continuing with its nationwide search for a new Behavioral Health Medical Director. The next interview will take place in early December.

Grand Jury Report No. 1703 and Referrals 115/116: Child and Teen Crisis Services – Mobile Response and Staffing

The Children’s System of Care has contracted with Seneca Family of Agencies for more than 15 years to provide Mobile Crisis Response to all three regions of the County. Seneca Family of Agencies provides short-term crisis intervention and stabilization services are provided to children and transitional-age youth who are in acute psychiatric distress. The primary goals for MRT are crisis stabilization, decrease need for police involvement, reduce unnecessary hospitalizations, assist youth in accessing emergency psychiatric care when needed, and assess the youth’s current mental health needs.

Based on experience of implementing Mobile Response, the County has expanded Seneca’s contract to include additional funding to be able to support all children and families in Contra Costa County. The team will be available from 7AM to 11PM for field evaluation and visits. They will be available 24/7 by phone and after hours a field visit will be implemented if indicated by phone evaluation.

The Adult System of Care has also initiated planning and implementation of Mobile Crisis Response, which will be county-operated, and managed by our Specialty Mental Health Forensics clinic. There will be staff centrally located to all regions of the County and will have staffing 24-hours, 7 days a week. The PM shift, covering 3pm to 11pm, will have 2 teams scheduled, as these hours have been indicated by PES to have a higher volume of patients. The Adult Mobile Response team will work collaboratively with the Forensic Mental Health Evaluation Team (MHET) and local police departments, as needed, to alleviate the impact on Psychiatric Emergency Services.

The expansion of the Children’s Mobile Response Team and the implementation of the Adult Mobile Response teams have a hard start date of January 2018. Both programs

will help to link at-risk individuals—children, transition-aged youth, adults and older adults to the appropriate services and minimize additional impact on PES and limited crisis services.

Children's services staffing levels are slightly below the pre – 2008 Levels adjusting for Katie A. While some staff has been added Children's staffing needs to add an additional number of positions, Clinical and Family Partner staff, in the regional clinics. Currently, Children's is adding positions to meet the increasing demands of Katie A. and Continuum of Care Reform, however, this will only meet the pending demand for these services. These initiatives along with the Affordable Care Act have left the clinics slightly understaffed.

Referral 115/116: Child and Teen Crisis Services – Impact on PES

Health Services Psychiatric Emergency Services (PES) continues to see a rising number of 5150 clients and the census continues to be higher than originally intended. The facility design was targeted for a smaller daily influx of consumers. The Department acknowledges that PES continues to be busy with an average of nearly 900 patients per month, and is able to respond to average client visits in a timely manner. Intermittently PES census can spike to 30 or more patients and these peak occurrences are taxing on staff and space capabilities. In response to the challenges of census spikes, the Department has increased staffing in the morning to allow for expedited re-evaluation of overnight clients. This has been mostly manageable with a slightly reduced length of stay meaning consumers are able to leave the unit sooner and disposition is quicker. Additionally, the total number of monthly visits has been stable over the last 3 years with fewer spikes in demand suggesting a minimally acceptable staffing pattern that is taxed in times of crisis. In those instances additional resources, such as, Miller Wellness, etc. are used. The opening of the Miller Wellness Center has contributed to a stable number of monthly visits due to its accessibility to voluntary patients. Additionally, Miller Wellness has had a central role in assisting the Regional Clinics in the Children's System of care to serve consumers by providing initial Psychiatric assessment when needed and medication. Primarily it has allowed the system a way to divert non-acute consumers into appropriate service.

Issues with PES space and design continue to be a challenge, particularly with children. Children must walk through the adult milieu upon arrival and departure and to reach the interview room. Minors are housed in a separate room in an isolated corner of PES with dedicated bathroom and a nurse present at all times in the doorway. When they need to traverse the main environment, they are escorted by staff at all times (i.e. to enter or exit PES or to go to the interview room.) A separate space for children to enter, exit and to reside while present in PES is a priority. The Behavioral Health Division, however, has no control over space allocation, or any other operational and facilities planning within PES as a Hospital and Clinics Unit. Hospital and Clinics is currently looking at ways to improve the current situation and have Child and Adult services be more segregated.

A re-model is needed for separate entry of patients arriving via ambulance, voluntary walk-up clients, and children, as well as private space for confidential conversations with loved ones and for clients seeking information about our services.

With respect to needs for referral to facilities, PES' primary difficulty can be finding hospital beds for challenging minors (as they may be declined by outside hospitals) and also, housing for regional Center clients who lose their placement. These Regional Center clients can be housed in PES for extended periods of time while awaiting suitable placement and plan. Currently there is no requirement that a private Psychiatric Hospital accept a patient from a Psychiatric Emergency Service. As a result, a number of youth get denied each year and remain at PES past their allowed 23 hours and 59 minutes. There is a statewide shortage of acute care beds for children and youth. Behavioral Health has explored the possibility of a child and youth inpatient unit at County Hospital. While doable in concept, it became clear that the project was fiscally not feasible. Other options Children's Services is exploring include the development of a Crisis Residential Facility to provide short term stabilization to the consumer and family.

Summary

The Behavioral Health Division is aware that while all issues identified in the Grand Jury Report and White Paper have not been completely resolved, a considerable amount of progress has been made and significant effort has been put towards addressing the issues identified. Behavioral Health is committed to its partnership with the Mental Health Commission, the community, the Board of Supervisors, and its agency partners. We are dedicated to diligently working collaboratively to ameliorate the identified findings and ensure that we meet the needs of those we serve and their families.

Sincerely,

Matthew Luu, L.C.S.W
Deputy Director of Behavioral Health
Contra Costa County Behavioral Health Division