

## **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 (CCBHS), and provides an update on identified areas of opportunity to provide better public mental health services in Contra Costa County.

### **Background**

In 2016 a MHC and Grand Jury report focused attention on the public's difficulty in accessing the mental health care provided by CCBHS. 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 CCBHS 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 CCBHS provide updates to the MHC, and report to the FHC later in 2018 on progress made. CCBHS has subsequently met with the MHC on six separate occasions 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**

Immediate concerns, such as roof repairs, interior paint, carpet replacement, ADA compliance, and asbestos levels have been resolved. New furniture is on order. October 2019 is the target date for the clinic is to be moved to a new facility. Both CCBHS and MHC leadership recognize that while the current facility is less than ideal the County has responded to make the clinic's current location as safe as possible and hospitable for mental health care to be provided.

### **Acquiring a New Location for First Hope**

The First Hope Program is in the process of moving to a Pleasant Hill facility that will accommodate expanded programming that is currently taking place. First Hope is expanding from a “clinical high risk” program (seeking to prevent conversion to psychosis) to also address youth experiencing a first onset of psychosis, and thereby altering the trajectory of their illness through early intervention. This expanded program, roughly doubling in size, will significantly add quality care to prevent transitional age youth from becoming life-long consumers of public mental health services. This prevention and early intervention program will improve access to care for this population and reduce the need for psychiatric emergency services (PES) and in-patient psychiatric hospitalizations.

### **Addressing the Shortage of Psychiatrists**

CCBHS and the MHC recognize that recruiting and retaining quality psychiatrists, especially child psychiatrists, is hampered by a regional and nation-wide shortage of psychiatry time, compounded by less competitive salaries offered within Contra Costa. Thus, this issue will be ongoing, and will require assertive and creative attention in order to incrementally increase psychiatrist participation in clinical care. In order to be more competitive CCBHS has increased 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) implementing tele-psychiatry in the East County adult clinic, 3) contracting with a number of psychiatry staffing organizations to meet psychiatry time goals, 4) engaging with the Physicians and Dentists’ Organization of Contra Costa to improve county employee salaries, and 5) implementing a student loan repayment program. Total full-time equivalent psychiatrist positions are currently at 32.4, up from 29.5 in November of 2016, with a new psychiatrist scheduled to start in the east adult clinic, one in the west children’s clinic, and one in the west adult clinic. The loan repayment program has featured provisions for participating psychiatrists to increase their hours to a desired level of averaging 30 hours per week. To date a total of eight agreements have been reached with psychiatrists, with a total of \$85,000 of MHSA funding expended, and another \$100,000 encumbered. MHSA funding rules allow the remaining balance of \$715,000 that has been authorized to be available for a ten year period before being subject to reversion to the state. This program is showing impact on psychiatrists’ willingness to add hours for CCBHS outpatient clinics, and is offsetting Contra Costa’s less competitive salaries for psychiatrists to work in the County’s community mental health settings. The Acting Behavioral Health Services Director now participates in active recruiting and retention efforts, and receives regular briefings on progress made. Metrics have been developed to enable real time tracking of wait time for consumers to see a psychiatrist. This

has enabled visibility of specific areas in the Children and Adult Systems of care where attention is needed, as well as to ultimately determine the ideal staffing level for psychiatry.

### **Filling the Vacant Position of Medical Director**

Dr. Matthew White was appointed Medical Director in March 2018, and is devoting quality attention to the above recruitment and retention of psychiatrists, as well as overall improvement in the provision of mental health care, such as the Value Stream Mapping and Rapid Improvement Events that are focusing on access to care in CCBHS outpatient clinics. In addition, Dr. White has been Acting Behavioral Health Services Director since March, as the previous Director retired at that time. Dr. White has brought a renewed emphasis to consumer and family centered care, and is actively seeking partnership and collaboration with all of 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 actually vacated the position. The MHC and CCBHS 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**

Since the last update CCBHS has worked with CCRMC to problem solve internal staffing additions to respond to the volume of clients. The monthly average number of visits for the last six months is at 838. This is down from the over 900 per month that was reported in 2016. 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. Since the last report to the FHS Committee CCBHS has positioned one of their substance use disorder clinicians at PES in order to facilitate linking dually diagnosed clients to appropriate alcohol and other drug services. In addition, two MHSA funded Community Support Worker positions have been added to facilitate discharge planning, assist in connecting consumers to outpatient clinic care, and provide support to family members of consumers at PES. Finally, anecdotal evidence suggests that the emerging implementation of the Electronic Health Record System for CCBHS is providing a significant assist to clinicians at PES being able to connect and follow the disposition of where PES patients receive their follow up and treatment in the CCBHS systems of care.

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

As space allocation and facility planning and operations within PES are under the control of CCRMC, the MHC and CCBHS 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. Our understanding is that CCRMC is looking at ways to improve the current situation to have children and adult services be more segregated.

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

The Adult Mobile Crisis Response Team has been live since July of this year, and is incrementally adding staff to increase availability after hours to enable a rapid response to individuals experiencing a mental health crisis in the community. County staffing levels have been authorized to offer this service 24 hours a day, seven days a week. Currently, this team is offering services during normal business hours, and will be incrementally adding hours of availability as staff are hired and on boarded. Metrics are being developed to track and project number of crisis interventions in the field and resulting PES diversions. In addition, 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. Metrics are being developed that will enable both CCBHS leadership and the MHC to jointly track the impact of these new and additional services on the volume of PES visits.

**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. Through extensive analysis and planning, to include partnering with stakeholders via the community program planning process, CCBHS requested funding and received approval for staffing levels for county and contract operated services to meet what is believed to be the current need. For child psychiatrists CCBHS has 7.5 full-time equivalent (FTE) positions authorized and filled, with an additional 1.5 FTE expected to come on board in October 2018. As a means of evaluating how well CCBHS is sufficiently meeting the needs of the County, the Mental Health Plan standards for length of time from initial request to offered appointment (clinics), and Network Adequacy Standards (individual service providers) will be utilized. Psychiatry appointments will be tracked separately. These metrics will enable both the MHC and CCBHS to determine together

the needed and appropriate staffing levels for both the children's and adult systems of care. For example, CCBHS will be better able to establish the level of child psychiatry time needed in each region of the county.

Within the last year CCBHS has budgeted an additional \$5 million for services dedicated to this population. This new programming includes:

- \$2.5 million in Children's services to address the statewide Continuum of Care Reform Initiative,
- \$700,000 to establish a program to address youth experiencing a first onset of psychosis,
- \$500,000 to establish a multi-disciplinary team to provide intensive care to youth dually diagnosed with substance abuse and serious emotional disorders,
- \$600,000 to establish a Family Support Volunteer Network to support families whose loved ones are experiencing mental illness.

The above new programming is in various stages of implementation, with all expected to produce outcomes and impact in FY 2018/19 and beyond.

Since the last report to the FHS CCBHS appointed in July 2018 Gerold Loenecker as the new Mental Health Chief for the Children's System of Care, and we look forward to this senior leadership in bringing about further improvements to the system.

### **Improvements to Family Support Services**

The Family Support Volunteer Network officially opened their doors in August of this year. This new MHA funded program will now provide 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 CCBHS 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 is being realized,

as key areas identified as most problematic have been surfaced and are being addressed. The East County Adult Clinic has received focused attention in the form of establishing tele-psychiatry to reduce wait times for a psychiatrist, Value Stream Mapping events to identify and implement system changes to the appointment process, and a Performance Improvement Project to decrease no show/cancellation rates. With the implementation of tele-psychiatry, median wait time for new psychiatrist appointment in our most impacted East County clinic is down from over a year in the beginning of 2018 to just over a month. Lessons learned from these initiatives will be incorporated into the larger Children and Adult Systems of Care. CCBHS has established metrics with standards to track progress in reducing wait times at all clinics, to include psychiatry visits, and will be incorporated as a regular area of communication with the MHC.

### **Reduction of Wait Times for CBO and Private Therapist Appointments**

As reported in the October 2107 Family and Human Services Committee meeting, significant improvements have been realized in responsiveness to individuals requesting services from our network service providers. Subsequent to this meeting CCBHS 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. This metric will be shared as a part of regular information sharing with the MHC so that they can have visibility of where shortages exist in our system. At present children's psychiatry time remains a shortage area throughout the County. This will be an area of focus for the foreseeable future, given the shortage of psychiatrists in California in general, and the lack of compensation parity of Contra Costa with other Bay Area county mental health programs in particular.

### **The Continued Need for a Children's Residential Treatment Center**

The need for residential treatment beds within the Children's System of Care 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, CCBHS is re-examining all possible venues to address this issue locally, and 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**


This past year CCBHS has been working closely with stakeholders to develop a comprehensive supportive housing plan 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 meeting monthly to oversee the assessment of need, review promising models, commonly define terms, and prepare for pending potential funding opportunities, such as No Place Like Home and the Homeless Mentally Ill Outreach and Treatment legislation.

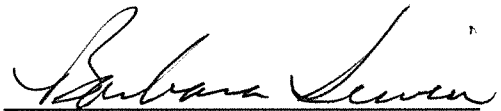
**Summary**

While much has been accomplished, much work needs to be done to resolve all of the above issues. Leaders of the MHC and CCBHS have developed a new, positive collaborative relationship, and have agreed to partner together in addressing substantive, positive improvement in the above areas. Anna Roth, Health Services Director since March of this year, has stressed client and family centered care throughout the health care system, and has consistently supported active participation by all stakeholders in planning and evaluating services, and assisting in the resolution of areas of concern. We are currently in the process of constructing a means to regularly track emerging and longstanding issues, and are mutually developing an agreed upon set of metrics that will establish baselines and benchmarks. The objective will be 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:



Matthew P. White, M.D.  
Acting Behavioral Health Services Director



Barbara Serwin, Chair  
Mental Health Commission