Contra Costa County Mental Health Commission Response to Behavioral Health Services Update to Grand Jury Report No. 1703 and Referrals 115 and 116

October 30th, 2017

This document is a response from the Mental Health Commission to the update by Behavioral Health Services to the Board of Supervisors Family and Human Services Committee regarding the Grand Jury Report No. 1703 and the White Paper published in March, 2016.

The process of updating the Family and Human Services Committee has been collaborative and fruitful. Over the past year, Behavioral Health has been working to address key challenges identified in the White Paper and more recently by the Grand Jury Report 1703. Over the past month and a half, the Commission and Behavioral Health have worked together to identify key improvements as well as ongoing challenges. This has involved a great deal of research, information exchange, and problem solving, and the development of a shared vision of how problem resolution can move forward in a positive direction. The process has resulted in the Behavioral Health Update and the ensuing Commission Response.

The Commission thanks the Board of Supervisors for giving serious consideration to the Grand Jury and Commission concerns and encouraging open discussions and collaboration. Thanks also to Behavioral Health for working so diligently to make strong headway and for the information sharing and frank discussions that have enabled us to air our differences of opinion and find common ground. We are grateful as well to Psyche Emergency Services for updating us on its current operations and challenges.

The remainder of this document consists of a Commission review of progress, questions, and suggested follow-up by the Commission and Board of Supervisors.

Upgrading the Current West County Children's Clinic Facility

The Commission recognizes that Behavioral Health is working diligently to improve the West County Children's Clinic, bringing together the necessary resources to make critical improvements as quickly as possible. The Commission is glad that the carpet will be replaced given its poor condition and the indeterminate lump underneath it. There were initial concerns that the carpet was installed over asbestos and therefore could not be replaced.

Recommended Follow Up:

- Visit the clinic in two months to review progress.

Acquiring a New Location for First Hope

The Commission recognizes the strong effort that is being made to relocate First Hope and its First-Episode Psychosis Program to a financially sustainable and appropriately designed facility.

Addressing the Shortage of Psychiatrists

The Commission believes that true prevention and early intervention start with hiring top-notch psychiatrists. Maintaining effective staffing levels and a building a team-like environment are also critical.

Behavioral Health has made significant progress in:

- clarifying the number of approved FTE positions and the number of filled positions and unfilled positions;
- and improving recruiting efforts by contracting with four staffing agencies for the hiring of contract psychiatrists, including Traditions, the agency that it has most recently contracted with.

Behavioral Health has long recognized that a key factor in its challenge in hiring is its inability to offer competitive compensation packages. Since most of the psychiatric staff is contracted, focusing attention on the rates and benefits of contract employees is particularly important. The Commission hopes that the more competitive compensation offered by the staffing agency Traditions will help attract candidates. The use of MHSA funds for student loan reimbursement should also be attractive.

Behavioral Health recognizes the importance of contracting with psychiatrists who are willing to work at least three days a week to maintain treatment continuity, simplify staffing planning, and support a team-oriented approach to care. Behavioral Health reports that it has discussed this need with its staffing agencies but, like other counties, is hampered by the regional- and nation-wide lack of child psychiatrists.

<u>Questions</u>:

- Behavioral Health states that it will consider whether an assessment will be made once current vacancies are filled. How will this determination be made? What kind of staffing assessment would potentially be made?
- Are MHSA student loan payment funds being fully utilized?
- Is there the possibility of incenting contracting psychiatrists to work a minimum of three days per week or more by a) offering a bonus for working 24 hours plus; or increasing their hourly fee for every hour worked over 24 hours?

<u>Follow-up/Suggestions</u>:

- Revisit the status of hiring in four months to see how hiring is progressing for unfilled psychiatry positions;
- Regularly review a Behavioral Health report on the status of all psychiatry and mental health clinician positions, including newly or soon to-be-vacated positions;

- Explore ways to incentivize contracting physicians to work a minimum of 24 hours per week;
- Annually review a report on the MHSA school loan payment program for psychiatrists to see how this program is being utilized.

Filling the Vacant Position of Medical Director

The Commission recognizes the challenges in filling the all-important Medical Director position. However, this process has been underway for two years now. Although a candidate was recently interviewed, the next interview is not scheduled until December, 2017. The Commission hopes that Behavioral Health can re-double its efforts to recruit and make timely, strong offers to qualified candidates over the next two months.

Follow-up/Suggestions:

- Review recruiting and hiring strategies to ensure they are as effective as possible.
- Revisit the hiring status of the Medical Director in two months.

Legacy Planning for High Level Positions

The issue of legacy planning within Behavioral Health has been raised by EQRO. In discussing the challenges around hiring a Medical Director position, the Commission learned that county hiring practices do not permit a Department to interview and fill a position until the incumbent has actually vacated the position. This is the case even if the retirement or departure is planned. The Commission is very concerned that this practice eliminates the ability to mentor and pass on institutional knowledge is lost. This in turn disrupts administration and services and, ultimately, continuity and quality of care. This practice will impact the management of the Children's Division when the Director of the Division, Vern Wallace, retires this coming year after decades of holding the position. The Commission urges the Board of Supervisors to find a solution to the legacy problem.

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

The Commission recognizes how fortunate the county is to have a PES co-located with medical facilities where a true medical evaluation can happen. The Commission lauds the ongoing efforts of PES to find ways to manage an impacted environment with an increasing number of 5150 clients and a decrease in the number of voluntary clients.

Since the White Paper was published, it seems that PES's main strategies for managing the new norm of an average 900 patients per month – still considerably higher than originally intended – has been to hire additional staff for the morning shift to expedite re-evaluation of overnight clients and to slightly reduce the average length of stay. This solution, plus a more stable daily census has resulted in a situation that is "mostly manageable", with the current staffing pattern seen as "minimally acceptable."

The Commission reads this situation either as 1) an increase in efficiency or 2) as a somewhat tenuous situation that is consistently stressful for staff, often leading to burn-out and turn-over, and that may decrease the amount of time that a consumer receives care. Lastly, is there the time and staff to follow up on whether the consumer is following the prescribed treatment? The Commission cannot be certain from the Update.

Questions:

- Is the current strategy viable long-term or do we need to commit to increasing staffing levels, potentially including psychiatrists, to reduce stress on staff and consumers and to enhance quality of care? How would the need for additional staff be evaluated?
- How has a decrease in the average length of stay has been achieved? Is it an increase in the number of staff in the morning or are we relying on quick turnarounds?
- Does this mean reduced time for a proper evaluation, adequate treatment and/or disposition?
- Has the experience of being a client at PES improved and have outcomes improved?
- Will the new electronic health record system provide the ability to follow the disposition of where PES patients receive their follow up and treatment?

Follow-up/Suggestions:

- Revisit staffing needs in six months
- Request clarifications on the amount of time for evaluation, stabilization, dispensation and opinions on how these metrics are impacting the consumer experience and quality of care.
- Request information on the capabilities of the Electronic Health Records to support the PES function of tracking patient post-PES treatment.

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

The Commission fully agrees with the facility design changes that are required to separate children from adult clients and to improve the waiting, family consultation and treatment spaces for children. The Commission urges the Superintendents to support changes recommended by the Hospital and Clinics Unit for these high priority improvements.

Follow-up/Suggestions:

- Request proposals from the Hospital and Clinics Unit for redesigning the children's area of PES.

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

The expansion in mobile relief services is intended to decrease pressure on PES. The Commission is glad to see the increase in the hours of coverage of the Children's Mobile Crisis Response and the planned introduction of this service for the Adult System of Care. Also significant is the Adult program's coordination with the Forensic Mental Health Evaluation Team (MHET) and the three county police departments where MHET is located.

Questions:

- How will the impact of the Children and Adult Mobile Crisis Response on PES congestion be evaluated?
- What are the numbers related to the Children's Mobile Crisis Response, e.g. number of visits per month, number of diversions from PES? What are the projected numbers for the Adult service?
- How aware are all 23 law enforcement agencies of the three MHET teams?
- How will the 20 county law enforcement agencies outside the three that host MHETs activate a request for the adult mobile response team? How else will they interface?
- Forensics is open 8:00 AM to 5:00 PM. How will it interact with MHET when the teams will be used most frequently between 3:00 PM and 11:00 PM?

Unclear Staffing Needs of the Children's Division

The Behavioral Health update notes that the Children's Division staffing levels may not fully meet the needs of its several mandates and programs. The Division lost 40 line staff positions in 2008, and while several staff have been restored to respond to Katie A and Continuum of Care, Behavioral Health states that staffing levels are still *slightly* below the pre-2008 levels, despite the Affordable Care Act. Behavioral Health also reports that additional clinical and Family Partner staff are needed in the regional clinics. The Commission would like clarification to better understand what the Division's needs are. With the impending retirement of the Director of the Children's Division, Vern Wallace, the need for an adequate level of well-trained staff is essential.

Questions:

- What is the estimated number of Children's Division staff needed, by position?

Improvements to Family Support Services

Fully staffed Family Support services may have the impact of diverting consumers from PES. Family Partner positions in the Children's and Adult clinics that were empty, some for multiple years, are now filled. This is a critical step forward.

With the new MHSA NAMI Program for Family Support through family volunteers, Family Support Services is now comprised of three groups – the other two are 1) the Office of Consumer Empowerment with its 20 peer staff Family and Community Support Workers

and 2) the Family Coordinators. The key to success will be coordinating them to ensure efficient and effective deployment of the appropriate services.

Lastly, there are important family support programs being driven by volunteers. Dave Kahler, a Commissioner Emeritus, coordinates the CIT Training. He also has set up and runs the NAMI Crash Course, which has been seen over 1,000 family members in the past year. More direct involvement by Behavioral Health staff is needed in these crucial areas.

Questions:

- Does each of the adult clinics have a family advocate?
- How will the family advocates and coordinators interface with the new NAMI MHSA program?

Follow-up/Suggestions:

- Request a plan for coordinating and interfacing the three different family support services from Behavioral Health.

Determination of Wait Times at Clinics

The Grand Jury expressed a deep concerned regarding wait times at the Children's clinics, as did the White Paper. The White Paper also expressed concerns regarding the Adult clinic wait times. What the Commission hears from the community on wait times differs significantly from Behavioral Health's numbers. EQRO 2016 has also questioned the Behavioral Health numbers and has stated that Behavioral Health's technique for calculating wait times is an estimate. It will be months until the impact of more psychiatrists on wait times will be known as it will take time for them to fully ramp up at the clinics.

The Commission and Behavioral Health do agree, however, that the new Behavioral Health information system should provide accurate data on how long it takes a patient to be initially assessed, receive non-medication treatment, and be assessed by a psychiatrist and receive medication treatment if warranted.

Follow-up/Suggestions:

- Revisit wait times as part of the 2017 External Quality Review process.
- Confer with information systems to ensure that the ability to accurately track wait times is being properly implemented.
- Request wait times as tracked by the new information system once the system has been up and running for four to six months.

Reduction of Wait Times for CBO and Private Therapist Appointments

The Grand Jury was very concerned about the availability of network providers for children who need to access treatment for moderate to severe mental illness. The Commission commends the new Access Line team for reducing abandoned calls from 15% to 2%.

Access Line data, however, does support the Grand Jury's concern, demonstrating that, in fact, that the five providers in East County are not able to meet demand.

Questions:

- How will the need for additional treatment providers for Children in East County be determined? Can Access Line data help estimate the number of needed providers?

Follow-up/Suggestions:

- Request a plan for determining the need for additional providers in East County and for acquiring the necessary number of providers.

The Continued Need for a Children's Residential Treatment Center

The Commission has advocated for a children's residential treatment center for the past two years on the behalf of the Children's Division. While creating a unit at the Contra Costa Regional Medical Center does not appear to be financially viable, the Commission continues to strongly support the Children's Division's efforts to find a workable solution for a treatment center. In particular, the Commission encourages more exploration into creating a regional solution of multiple surrounding counties participating 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. The Commission urges the Board of Supervisors to explore a regional solution to this critical problem.

Follow-up/Suggestions:

- Brainstorm a high level concept for a multi-county program for a children's residential treatment center. Present this concept to likely partners

The Need for Housing for Those With a Serious Mental Illness

The critical issue of housing for the Homeless with a Serious Mental Illness was a key issue raised by the White Paper. This concern was not addressed in the Behavioral Health Services update.

Supportive Services such as keeping an apartment clean and eating properly---these are services that the Regional Center provides those with a Developmental Disability—but these are not provided for those with a Serious Mental Illness. Non-Profit Housing Corporations must be involved on a larger scale to help develop a housing plan for those with a Serious Mental Illness.

Questions:

- How many clients of our Specialty Mental Health Clinics live in Non-Profit Housing Corporation developments such as Riverhouse? There were Behavioral Health ties directly into these facilities—what is happening now?
- What is done to assure that people with a mental illness are not just left on their own?

- How many Full Service Partnership clients are housed in unregulated Room and Boards?
- What are the plans to house the Homeless with a mental illness? Do we have a measurable plan?

<u>Follow-up/Suggestions</u>:

- Request a comprehensive plan for housing the Seriously Mentally Ill.

In closing, the Mental Health Commission hopes that its evaluations, questions and recommended follow up are received as intended – in the spirit of partnership and to stimulate ongoing dialog around the continuous improvement of our county's System of Care for those suffering from mental illness.

This report is respectively submitted by:

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