



CONTRA COSTA COUNTY CIVIL GRAND JURY REPORT NO. 1909
“Contra Costa County Psychiatric Emergency Services – Improving Care for Children and Adolescents”

BOARD OF SUPERVISORS’ AND HEALTH SERVICE DEPARTMENT RESPONSE

FINDINGS – *California Penal Code Section 933.5(a) requires a response to the designated findings of the Grand Jury.*

F1. At peak times, the Psychiatric Emergency Services (PES) facility, with four beds and two treatment rooms, is not sufficient to handle its volume of children and adolescent patients.

Response: Respondent partially disagrees with this finding.

There are four beds and an additional three treatment rooms available to serve up to 7 youth at any one time. Census data shows that in 2018 there were more than four youth being treated simultaneously at PES 10.7% of the time, but additional rooms designated for family visitation provide increased capacity as needed. Additionally, utilization of PES by youth varies by month with highest census from September through December and prior to the end of the school year. Intervening months and the summer have lower census and shorter lengths of stay.

F2. Children and adolescents could remain in PES four to five days while they wait for long-term placement.

Response: Respondent partially disagrees with this finding.

In 2018, the average length of stay for youth in PES was 11.9 hours with a median length of stay of 11.1 hours. In total, eighteen out of 1,601 youth spent more than 72 hours in PES in 2018. The majority of these individuals were not in need of acute hospitalization; rather, they needed other types of placements associated with developmental disabilities (Regional Center) or Child and Family Services. Additionally, 30% to 40% of the youth served in PES have commercial insurance (predominately Kaiser) which requires collaboration and coordination with entities external to the county for discharge planning. While PES is designed to provide crisis stabilization services for up to 24 hours, it occasionally exceeds this time standard in effort to support youth awaiting placement.

F3. The PES facility is configured so that children and adolescents seeking treatment must pass through the adult patient area.

Response: Respondent agrees with this finding.

F4. Contra Costa County does not operate a long-term-care facility for children and adolescents. They are often placed in in long-term-care facilities outside the county.

Response: Respondent partially disagrees with this finding.

Contra Costa contracts with Youth Homes, Inc. to provide long term intensive mental health treatment within the county. These residential programs serve up to 24 youth in a very structured therapeutic residential setting which are an alternative to institutional care. It should be noted that this facility funded by the county is to serve Medi-Cal and low-income uninsured youth, the County's mandated target population. The county recognizes the need for additional capacity of this type of long-term mental health residential program and is conducting a needs assessment to determine if an additional facility is needed within Contra Costa County or additional capacity might best be provided at existing facilities in the Bay Area. Commercial insurers generally do not include this level of care as a covered benefit, so their beneficiaries do not have access to this same type of longer-term residential programs. Consequently, youth with commercial insurance might remain longer in PES while further stabilizing or waiting for authorization and availability of a covered service.

F5. Although the County has authorized John Muir Health Concord Medical Center to accept 5150 patients, there is no formal contract to do so.

Response: Respondent disagrees with this finding.

Contra Costa has contracted with John Muir Behavioral Health Center for approximately 20 years to provide inpatient psychiatric services to youth detained on involuntary psychiatric holds (5150 Welfare and Institutions Code). Contract No. 24-794-8 with John Muir had a payment limit of \$3,270,781 for the term July 1, 2018 through June 30, 2019. The most recent amendment for this contract was approved by the Board of Supervisors on June 18, 2019.

F6. The Medical Center's 4D wing is vacant with no plans for its utilization.

Response: Respondent agrees with this finding.

F7. The Contra Costa Mental Health Commission recommended changes to PES to improve treatment space for children and adolescents. The grand Jury did not find any evidence that the Commission's recommendations had been implemented.

Response: Respondent agrees with this finding.

The Mental Health Commission report titled "Mental Health System and Budget Crisis in Contra Costa County, FY16/17" was issued in April, 2016 and later updated in 2017 and 2018. It referenced the negative impact of insufficient availability of outpatient, inpatient and residential services on PES, but did not include specific recommendations to improve treatment space for youth within PES.

However, the County's Behavioral Health Division issued a response report titled "Update on the Grand Jury Report No. 1703 and Referrals 115 & 116 – MHC's White Paper and BH Division White Paper Clarifications," in 2018. Behavioral Health stated that "a separate space for children to enter, exit and reside while present in PES is a priority." It also stated "A re-model is needed for separate entry of

patients arriving via ambulance, voluntary walk-up clients, and children...". Therefore, the Department agrees these are priorities, but are under consideration at this time and have not yet been implemented.

RECOMMENDATIONS - *California Penal Code Section 933.05(b) requires a response to the designated recommendations of the Grand Jury.*

R1. The Board of Supervisors should consider directing Contra Costa Health Services to perform a comprehensive needs assessment that would include a redesign of the PES facility that would separate children and adolescents from adult patients by June 30, 2020.

Response: The recommendation has not yet been implemented, but will be implemented by June, 30, 2020.

R2. The Board of Supervisors should consider directing Contra Costa Health Services to investigate the use of the Medical Center's vacant wing (4D) as a temporary holding area for children and adolescents waiting for long-term placement in other facilities by December 31, 2019.

Response: The recommendation will not be implemented due to regulatory restrictions.

4D cannot serve as an auxiliary crisis stabilization/psychiatric emergency unit due to strict requirements and limitations on this level of care and where it can be located. 4D, if operated as an acute inpatient unit, could not detain youth while waiting for long term placement unless strict medical necessity criteria for acute inpatient care are met. 4D cannot serve as a holding area for either level of care.

R3. The Board of Supervisors should consider directing Contra Costa Health Services to develop a plan to operate a treatment center for children and adolescents who need long-term psychiatric care by June 30, 2020. The treatment center could either be within the County or in collaboration with neighboring counties.

Response: This recommendation has been implemented.

As pointed out in F4, County acknowledges the need for additional treatment capacity and will continue to further analyze this.

R4. The Board of Supervisors should consider directing Contra Costa Health Services to explore entering into a contract with John Muir Health Concord Medical Center to accept and treat 5150 patients presently only served by the County by June 30, 2020.

Response: This recommendation has been implemented.