

Contra Costa Health Services Needs Assessment of Psychiatric Emergency Services
June, 2020

The Contra Costa County Civil Grand Jury Report No. 1909 titled “Contra Costa County Psychiatric Services: Improving Care for Children and Adolescents” was approved by the Grand Jury on May 22, 2019 and filed with Anita Santos, Judge of the Superior Court on May 24, 2019. Recommendation One of the report was: “The Board of Supervisors should consider directing Contra Costa Health Services to perform a comprehensive needs assessment that would include a redesign of Psychiatric Emergency Services (PES) facility that would separate children and adolescents from adult patients by June 30, 2020.” This recommendation was accepted by the Board and Contra Costa Health Services directed to complete the assessment. The following summary represents the findings of the assessment completed to date. Due to COVID 19, the assessment inclusive of recommended actions has not been finalized. It is anticipated that County revenues will decline due to the pandemic’s impact on the State budget, but the extent currently is unknown. Additionally, COVID 19 has impacted operational and treatment aspects of PES which call for additional consideration of physical space modifications. Consequently, it is difficult to make concrete recommendations at this time. It is requested the Board accept this as an interim report and a status update be provided in 120 days.

A wide range of data was analyzed to better understand utilization of PES services. This included annual and monthly services provided, age of clients, presenting problems, legal status, length of stay, disposition following discharge, and payor source. To date, analysis of the data results in several initial conclusions:

1. There are significant periods of time when there are zero or very few youth on PES. This variable utilization would not support the establishment of a free-standing unit either at a separate location or within CCRMC. Crisis Stabilization services must meet minimum staffing ratios at all times regardless of census. Under-utilization would incur significant cost to the county due to lack of, or insufficient, reimbursement. This would pertain regardless of location so use of a separate unit within CCRMC, such as 4D, would not be financially sustainable.
2. The percentage of commercially insured youth served on PES is significant and highlights the absence of adequate crisis level care provided by commercial health plans. Contra Costa Health Services has filled that void, resulting in increased utilization of PES.
3. If all youth, including those with commercial insurance, are to be treated on PES, expanded bedroom and treatment area capacity is indicated. Currently youth are housed in distinct areas of PES with supplemental staff assigned to monitor their care, which meets Medi-Cal requirements, the location of these distinct parts still requires youth to enter and exit the unit through adult service areas. Witnessing the high acuity and level of distress exhibited by some adult patients on the unit can increase anxiety and be traumatizing for the youth.
4. Community, County, State agencies and commercial health insurers need to assist in more timely disposition from PES of the minors in their care. It has been demonstrated that some extended stays on PES serve to “hold” youth until community placement (non-hospital) options are available rather than need for crisis stabilization, which is an outpatient service not to exceed 24 hours.
5. Significantly more adults than youth are treated on PES. The period of time adults are detained on PES exceeds that of youth and they wait longer for access to an available inpatient hospital bed.
6. On average, there are 15 to 25 adults daily who require hospital care in excess of the available 23 beds at CCRMC’s inpatient psychiatric unit (4C). Out of necessity, these adults most often are

hospitalized in facilities that are subject to the Federal IMD Exclusion rule which prohibits use of Medi-Cal funds for inpatient treatment. This rule does not apply to youth under 18 years old so use of hospitals other than CCRMC does not incur additional costs to the County.

7. Of the 1,688 visits to PES by youth, approximately 612 (36%) required admission to an inpatient psychiatric hospital. Of these 56% were Medi-Cal beneficiaries and 44% were commercially insured. This suggests the need for commercial insurers to assist in resolving capacity issues on PES and providing adequate access to inpatient care for their beneficiaries when needed.

In summary, PES is a highly utilized service by all members of the community regardless of insurance type. It serves the functions of diverting persons experiencing significant behavioral health crisis from local hospital emergency departments, stabilizing crisis, developing plans for transition back to the community, and arranging for inpatient hospitalization when necessary. Given the number of Contra Costa residents in need of this level of service, PES often negatively is impacted by volume of clients and challenges with adequate access to other levels of care that impact length of stays.