

Behavioral Health Services CY-2020



January 29, 2021

Table of Contents

* Pandemic/COVID-19 Related Initiatives *(Slides 3-20)*

3-4 - Establishment of the BHS-BOC Structure

5 - Coordination with DOC and Health Services

6 - Hotline Support to County Staff – Wellness Support – County Staff

7 - BHS Self Care and Resources

8-10 - Hotline Support to Homeless individuals at hotels - Wellness Support – Clients Experiencing Homelessness

11 – PPE Inventory

12 – CBO PPE Needs Survey Report

13 – COVID-19 Safety Surveys

14 – Establishing a Disaster Plan for CCBHS

15-16 – Patient Care Modes of Services

17 – Ensure continuity of prescriptions during COVID crisis for all clients

18 – Vaccine Clinics

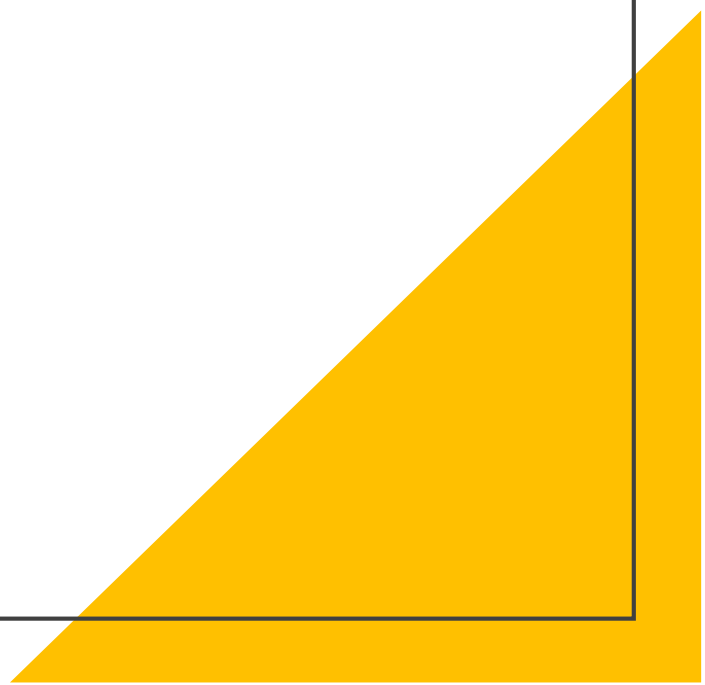
19 – Electronic Health Record (EHR) Optimization Efforts

20 – Overview of Mental Health System of Care

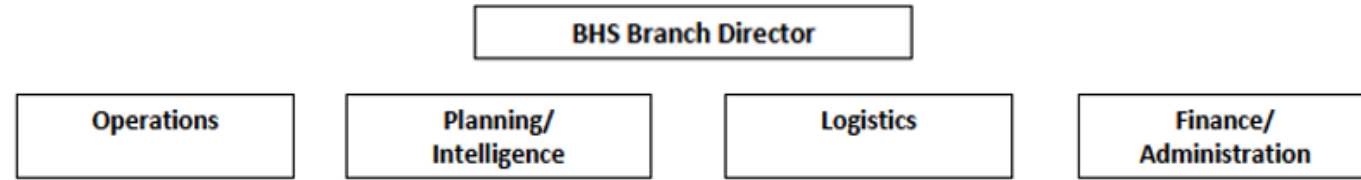
21 – Overview of Substance Use Disorder System of Care

22 – COVID Challenges

* MHSA Plan *(Slides 23-33)*



Behavioral Health Services Division



Establishment of the BHS-BOC Structure

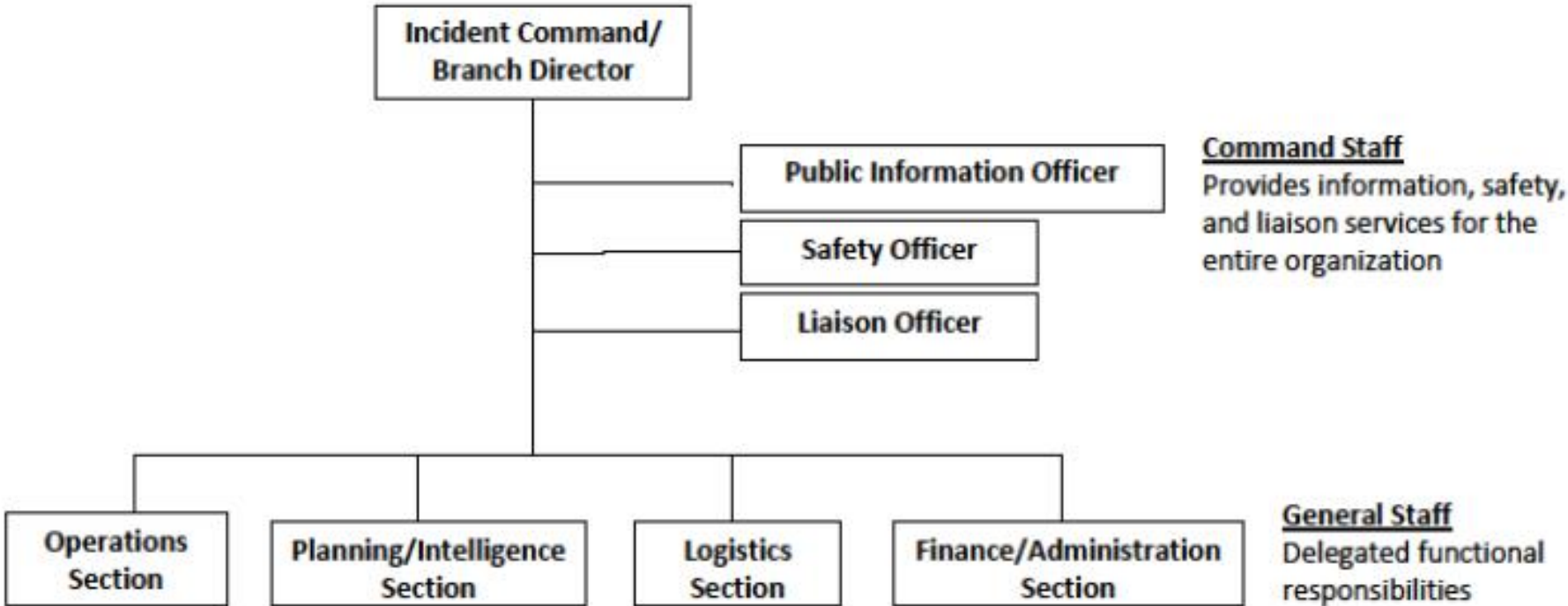
- On March 16th Contra Costa County, by order of the County Health Officer, entered shelter in place – and County operation centers entered the Incident Command Structure (ICS).
- The 2020 pandemic required the first full scale activation of the Behavioral Health Branch Operations Center (BOC).
- Branch Operations Center formed teams around: Logistics, Planning, Finance, Operations and Management.
- Initial BOC operations focused on procuring and distributing technology and personal protective equipment (PPE) to allow staff to maintain levels of care.
- Specialized teams focusing on people experiencing homelessness and individuals living in congregate care settings coordinated closely with the DOC.
- A Finance Unit was setup to create tracking systems to account for emergency purchases and time keeping for emergency response activities.
- The Planning branch developed real-time dashboards to track in-person and virtual staffing and PPE supplies being provided and used at BHS sites around the County.
- Operations team raised and solved on the ground level concerns of staff and worked to provide continuity of behavioral health operations as well as distribution of rapidly changing guidance regarding safety and administration.
- All of these groups were coordinated with Behavioral Health Leadership through bi-weekly calls that were critical to ensuring ongoing services to the community

Branch Operation Center



Coordination with DOC and Health Services

INCIDENT COMMAND STRUCTURE



Hotline Support to County Staff – Wellness Support – County Staff

- In March of 2020 BH/MH staff were asked to provide onsite wellness support to staff at the Department Operations Center (DOC) office.
- These staff were managing the emerging Covid-19 Crisis and needed additional support given their stressful assignment, long hours, and time away from their families. BH provided one clinician per day, 7 days per week, to provide counseling on site. 4 clinicians rotated through this schedule. After approximately 10 days, the DOC staff began to mostly work remotely, and the clinical staff support was converted to telephone support. A schedule was set up on the DOC Team site, and staff would call when/if they needed someone to talk to. When the DOC joined the Emergency Operations Center (EOC) at the EOC offices, we again provided on-site clinical support, rather than phone support, but this was ended after 2 weeks due to limited usage of the service.
- This service was later expanded to offer support via a general staff support hotline, which was made available from 8am to 6pm at first and then extended to 8 pm (7 days per week). A pool of clinicians was recruited from both the Adult and Children's BH clinics to answer these calls. This Service started in May and continued through June. We ended this service when a similar regional call-in line became available to all our health services staff.





BHS Self Care and Resources - “healing the healers”.

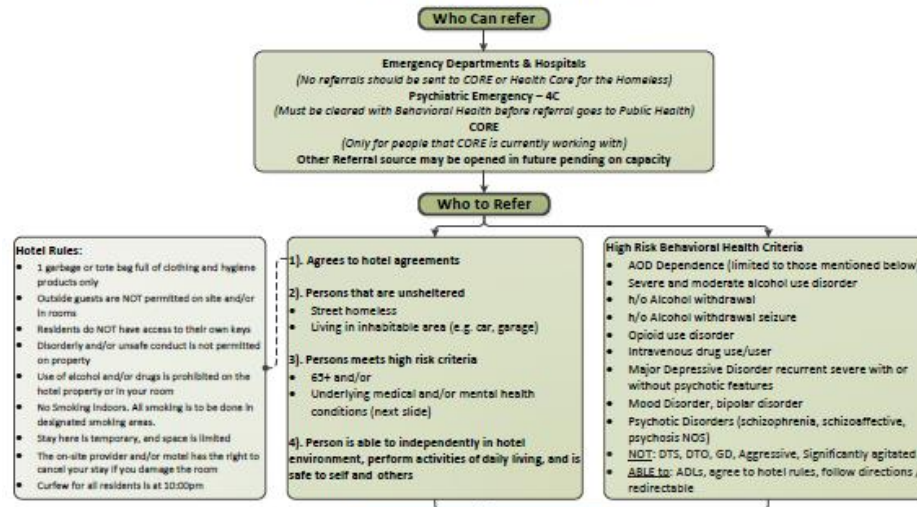
- The team developed a BHS Self Care webpage that consolidated a variety of resources for staff, including services for basic needs such as housing, food, and transportation assistance, County memos and health orders, telehealth training materials, and self-care resources such as activities, tip sheets, and apps.
- A central email account was created to invite feedback and collect resources from other CCBHS staff. In April, the team launched BHS Self-Care Sessions available to all staff and contract providers.
- These 20-minute sessions occur every Monday, Wednesday and Friday over Zoom and feature a different guided self-care activity such as mindfulness meditation, gratitude practice, or expressive arts.
- The goal of these sessions is to provide a dedicated space and time for staff to come together as community and practice self-care in their workday.
- While the Self-Care Team facilitates some sessions, it actively invites other staff and even colleagues outside of CCBHS to share their talents and lead their own activities. Sessions usually average about 10 participants, ranging from clinicians to administrators and SPIRIT students.
- The BHS Self-Care Team also collaborates with the CCHS Wellness Team
- <http://tiny.cc/CCHSWellness>



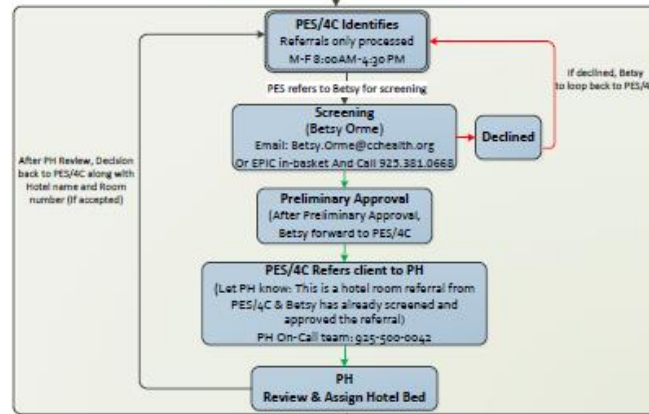
Hotline Support to Homeless individuals at hotels - Wellness Support – Clients Experiencing Homelessness

- In March of 2020 BH/MH staff created a separate hotline to provide mental health support and linkage to the consumers residing at the Homeless Hotels set up through Project Room Key. We used the same pool of clinicians to answer these calls and to provide counseling and/or link consumers to appropriate Mental Health and AOD services. Simultaneously, this pool of clinicians, along with CSW's and AOD staff, began taking referrals directly from the onsite hotel clinicians. They were referred to the project coordinator via cclink and then routed to the Manager of the appropriate Regional clinic to assign to staff. They were either opened to BH services or reconnected to existing providers or referred out to AOD staff or to CCHS Behaviorists for therapy. Staff continue to provide ongoing support to these consumers.
- In October, we shifted our support services model again.
- We assigned each Adult Clinic to the Homeless Hotel located in their region. The Hotel clinicians then made referrals directly to the clinical liaison at the assigned clinic and the liaison would assign the case to a staff person or refer to their existing providers or to an AOD provider. The 4th Hotel, in Concord, had 2 on site MHCS. One from the Transition Team and the other from HCH. Some consumers were/are also getting mental health support from staff at the BH clinics, due to referrals made when the hotels first opened.
- The BH project coordinator continues to monitor all these hotel referrals and provides MH support and linkage, both remotely and in person, to the staff and residents of the PUI Hotel in Richmond.
- All these services are ongoing.

Hotel Referral Criteria & Process



PES/4C Hotel Referral Procedure



Once Room is Assigned

- Transportation**
- Referring Provider (ED/PES/Hospitals) must provide transportation
- Medication**
- 14 day supply Or,
 - RX to Vail Pharmacy for bubble pack to be delivered to the hotel. Please add into comments section of rx: "dispense weekly. Include in bubble pack".

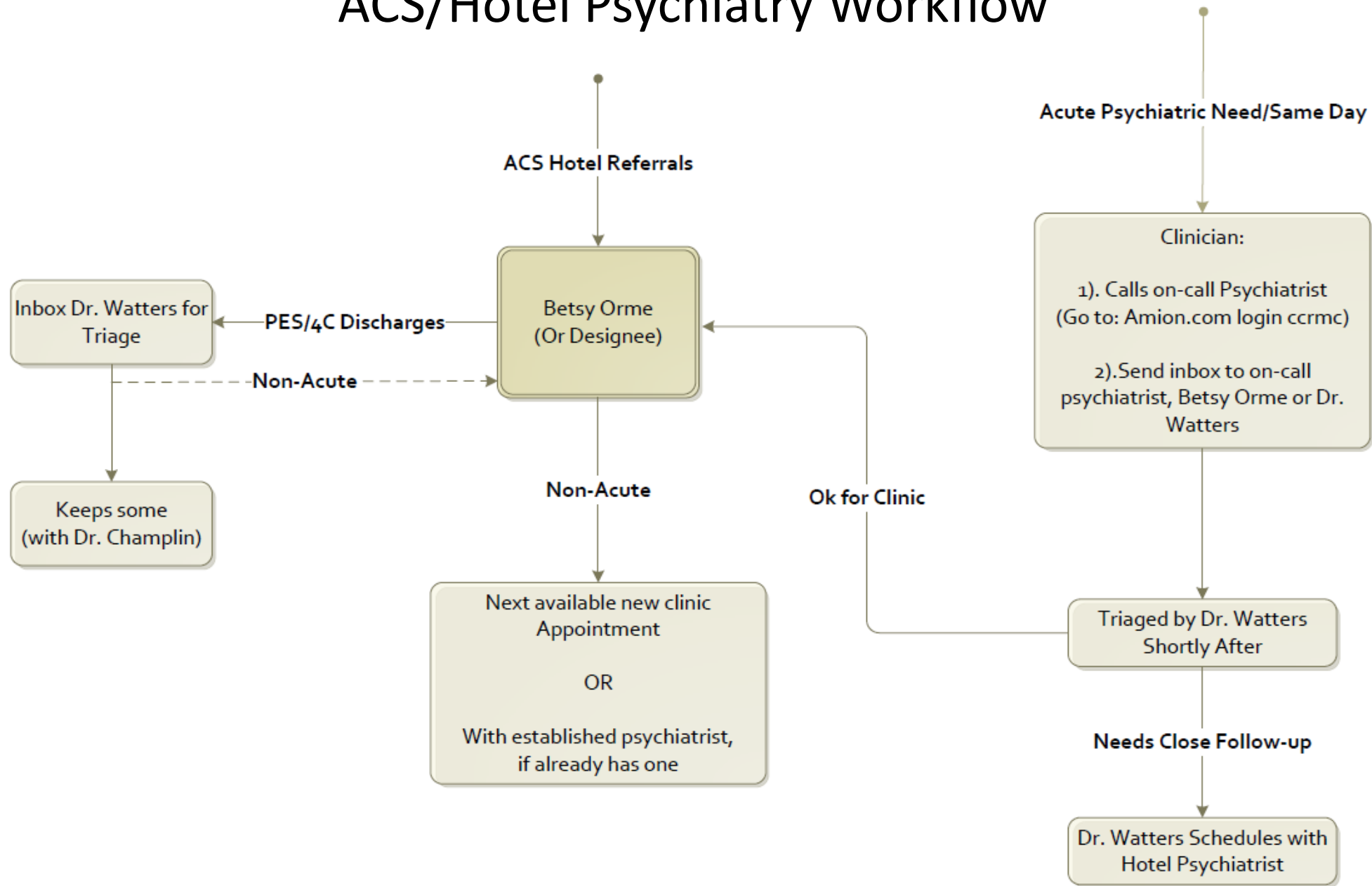
Services provided while at hotel

- On-Site hotel team**
- 3 meal daily and snacks
 - Hygiene supplies
 - Laundry on-site
- Medical Services**
- Check-in calls by Health Care for the Homeless
 - Telehealth or in-person visits as needed
- Behavioral Health Services**
- Check-in calls
 - Telehealth visits by clinician/interns
- Hotel stay will be contingent on patient following hotel rules
- Will not accept referrals after someone has been removed from hotel

Long term Placement/PUI

	Non-PUI Hotel	PUI Hotel
Who is eligible	Unsheltered persons meeting high-risk criteria (referral approval needed)	All homeless patients that are a COVID-19 Positive or PUI
How long is hotel stay	until CCC Emergency declaration lifted & based on compliance with hotel rooms	until patient's test results comes back as negative or patient has completed quarantine
How to refer	925.500.0042 M-F, 8:00am-4:30pm	925.500.0042 24/7
How is transportation provided	Health Providers: Responsibility of Provider	PHCS On-Call Team

ACS/Hotel Psychiatry Workflow



PPE Inventory

- Obtained PPE from County's Department Operation Center (DOC), and Behavioral Health stored in a secure location at behavioral Health Admin.
- Diligently searched for difficult-to-impossible to obtain items that were not available from the Emergency Operations Center
- Weekly reports from program sites on PPE inventory and a request for any supplies they needed for that week.
- Whenever hard-to-get items arrived at Behavioral Health Admin, push-out distributions were made to all program sites.
- Supported program sites by delivering some supply orders to program sites when needed so they would be available in a timely manner and by providing some PPE to community-based organizations that had an extreme need on a case-by-case basis.



CBO PPE Needs Survey Report

- A survey was administered to inquire about Community Based Organizations' Personal Protective Equipment (PPE) needs.
- A total of 28 providers responded to the survey between July 1st and July 17th. This response rate was small given the dozens of contracting community-based organizations serving the county.
- Respondents reported having access to the PPE they needed and most had enough PPE to get through during the survey period.
- Over half of respondents were providing in-person care. Fear of COVID-19 infection and county restrictions were the principal reasons facilities were not providing in-person services.
- The majority of respondents reported that their PPE needs were met at the time of the survey,



**YOUR OPINION
MATTERS**

COVID-19 Safety Surveys

Surveyed, monitored and provided technical assistance focused on COVID safety measures to BHS contracted MH Board and Cares (total of 31), Crisis Residential and Adult Residential programs, and to SUD residential treatment programs, SLEs and detox facilities (total of 35) throughout Contra Costa. Provided PPE (almost 15,000 units of supply) to these facilities serving 500 BH clients.



Establishing a Disaster Plan for CCBHS

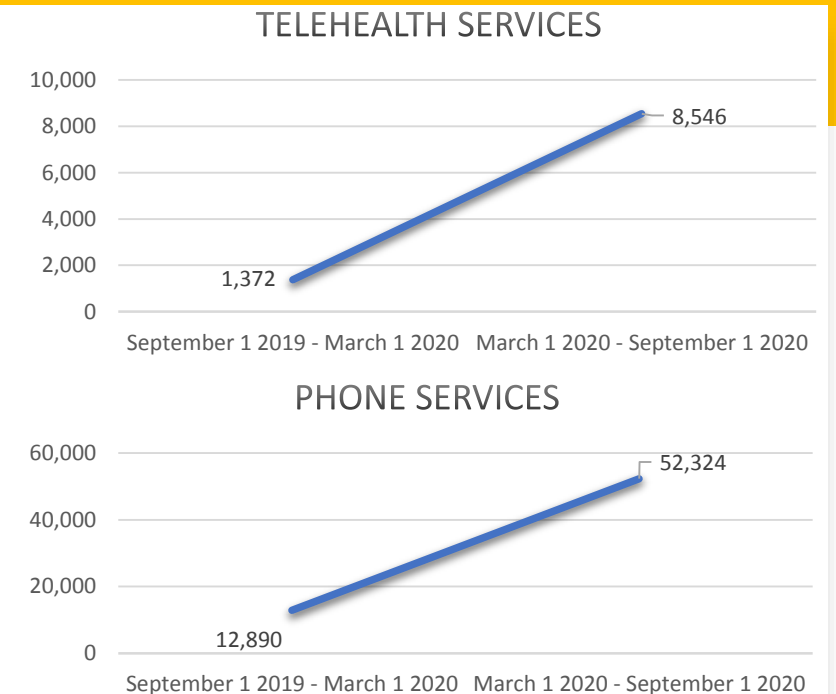
- The Risk Management Department has developed an emergency plan specifically addressing COVID-19, the CCC COVID-19 Exposures and the Workplace Guidance, which is updated and released every 1-2 months.
- It describes the actions Programs must undertake in response to various situations, such as when staff report they have tested positive for COVID-19 (ex. notifications, investigations, cleaning, etc.).
- This guidance also describes when and how to appropriately wear PPE, social distancing practices and office set-up, and precautions to be taking when transporting clients.
- This document is made available to all BHS staff.
- Additional educational materials have been developed by HSD and BHS and distributed to staff. This information is being incorporated into existing Department and Division emergency plans.



Patient Care Modes of Services

- “Meeting clients where they are and according to their needs during the pandemic.”
 - For clients with a preference for in-person services or whose clinical needs suggest they would best be served face-to-face, the MHP has been providing clinic-based psychiatry, nursing, and therapy appointments for medication assessments, medication evaluations, injections, therapy, case management, and other services. For clients, particularly older adults, whom were typically provided with field visits (often in-home appointments) and preferred in-person visits, many of those appointments have been able to continue in-person, exercising social distancing, with all parties wearing masks and meeting outdoors.
 - For those clients who prefer remote services due to health concerns associated with COVID-19 and whom can be effectively treated with phone and video behavioral health services, the MHP has been able to accommodate them through provision of psychiatric and non-psychiatric services via phone, Zoom, and traditional telehealth appointments.
 - Mobile Crisis Response Team, serving clients in crisis, also experienced a 24% increase in calls from FY 2018-2019 (1305) to 2019-2020 (1614)

During this period, the MHP increased use of telehealth and phone services to meet clients’ needs.



CCMHP provided 33% more services overall (phone, telehealth, and office combined) during COVID (March 1-September 1, 2020) as compared to the six months prior to COVID (September 1-March 1, 2020)

Patient Care Modes of Services

- The MHP has been working to adapt services to clients' unique needs.
 - For example, several clinicians working with older adults found that launching Zoom groups was challenging for many clients due to clients' lack of technology; understanding of technology; and/or interest in using technology. However, clinicians noted that many older adults enjoyed receiving "snail mail" letters from clinicians that included worksheets used in groups. Clinicians, therefore, adapted the group format to be delivered on a more individual basis, but encouraged more informal communication between group members through mail and phone communication to help decrease feelings of isolation.
- The MHP has been working to address clients' emerging needs.
 - During the early stages of the pandemic, clients reported to staff their need for food and essential supplies. CCMHP coordinated with Food Banks to obtain food and supplies to deliver to clients in most need; informed clients of locations of emergency food resources; and some programs such as Older Adult and Office of Consumer Empowerment even stored non-perishable food and toiletries for distribution to clients.
 - To address the needs of clients impacted by the county's housing crisis, Behavioral Health also coordinated with Health, Housing, and Homeless Services to provide behavioral Health services to over 500 homeless individuals housed in hotels across the three regions of the county.
 - Throughout the duration of the pandemic, the MHP has been working to identify and implement creative solutions to existing and emerging client needs, while minimizing client and staff risk of exposure to COVID-19.

Ensure continuity of prescriptions during COVID crisis for all clients

- To ensure clients continued to receive medication in a timely manner once the COVID-19 pandemic began, CCMHP took several steps to address potential access issues and facilitate securing adequate supplies of essential medications.
- So that clients were able to access medication without needing to go to pharmacies in person, the MHP established a contract with a local pharmacy to provide prescription delivery services to clients at their residences. Additionally, as part of this contract, medication delivery was also secured for those clients who were being housed at hotels/motels throughout the county.
- The MHP also worked with the State and CCHP to provide a 90-day supply of medication to CCHP managed care clients whose symptoms were stable and who were on the same medication.



Vaccine Clinics

- On December 21, 2020, BHS created a core team, comprised of staff from across the Division, to plan and implement the Division's COVID-19 vaccination response.
- After the required logistical tasks (facility selection, supplies procurement, training for vial integrity, staffing, establishing IT connectivity, collection of interest and scheduling data) were completed, new vaccination clinics were created in each of the County's three regions.
- Clinics began operation on December 29th with the goal of vaccinating 1,000 people with their first dose within two weeks.
- By January 8, 2021, the clinics had administered the first vaccine dose to 1,108 individuals. During the first appointment, the second dose was scheduled.
- Operations were consolidated to one, centralized clinic, which began operation on January 26th, to administer the second vaccine dose.

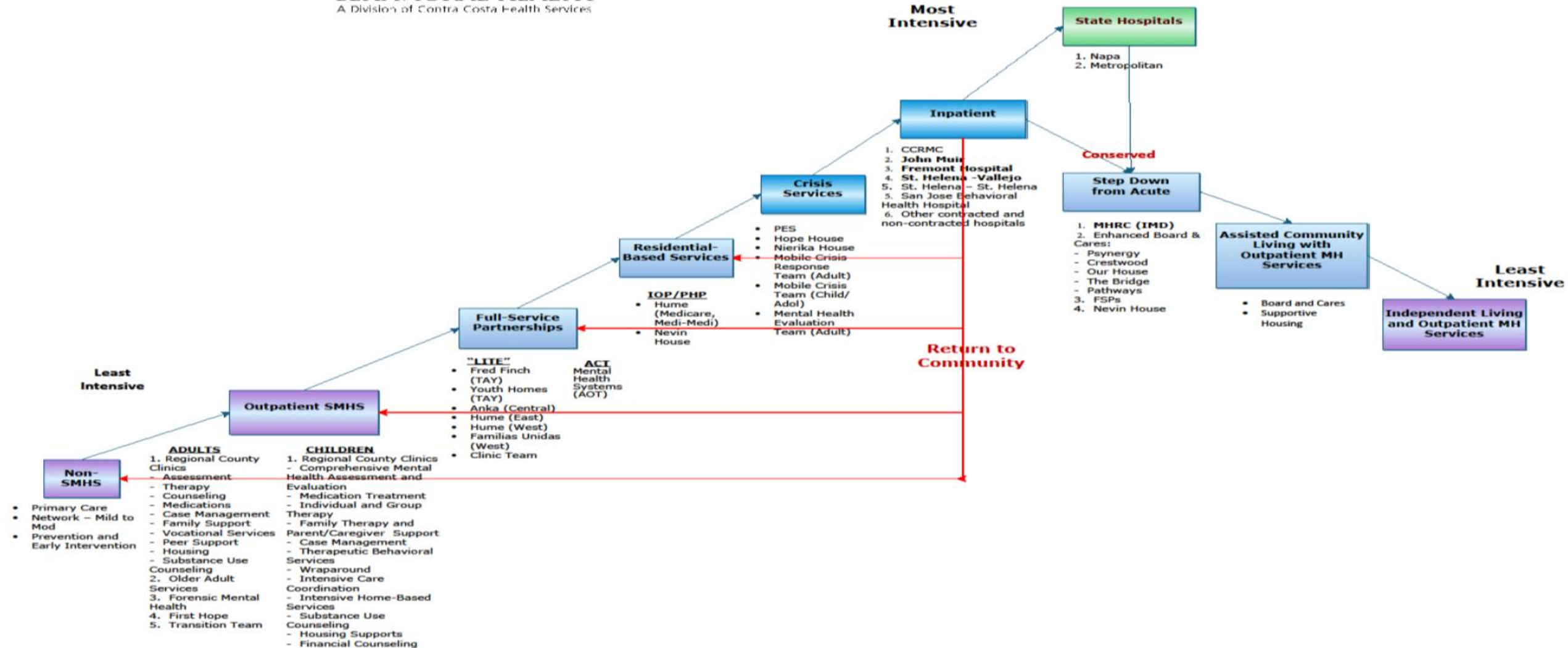


Electronic Health Record (EHR) Optimization Efforts

- COVID related
 - Implemented Same Day Assessment tools for clients being seen at alternative care sites due to the pandemic; this allows the flexibility and access to documentation tools regardless of whether the client is already open to specialty MH, receiving a wellness check, or needs to be open to specialty MH– April 2020
 - Implemented method for tracking in-person, telephone, and video visits based on patient preference
 - Implemented Zoom software to clinicians, nurses, and psychiatrists for the purpose of telehealth due to COVID19 - March 2020
 - Implemented travel screening questions due to COVID19 – March 2020

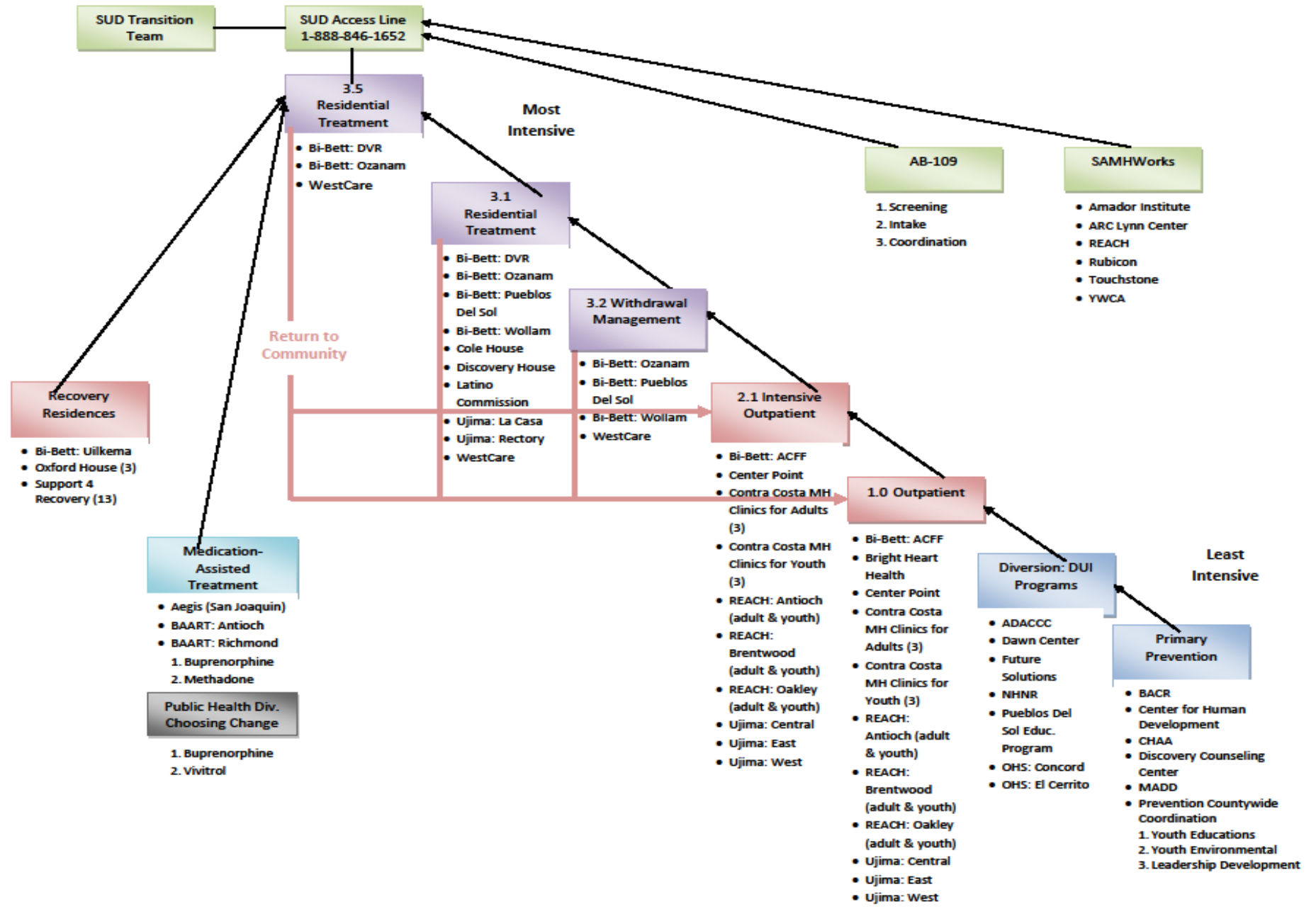


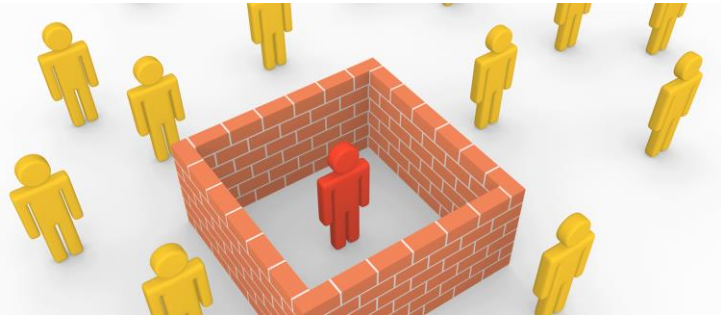
Overview of Mental Health System of Care





Substance Use Disorder Services





COVID Challenges



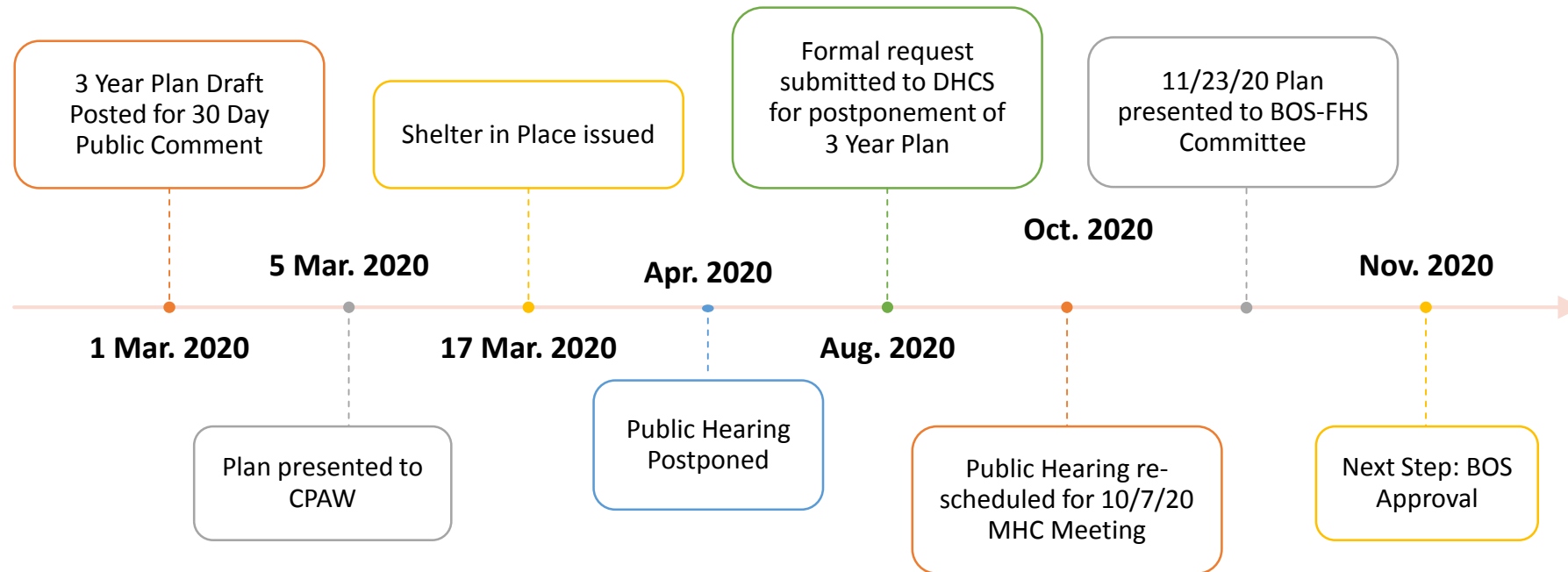
PSYCHIATRIC EMERGENCY ▶

MHSA Three Year Program and Expenditure Plan

Revised Proposed Programming and Budget
Summary for FY 2020-23



COVID-19 Timeline



March 2020 Proposed Changes (Pre-COVID)

\$14 M budget increase proposed Increased Funding for:

- Supportive Housing
- Early Childhood Mental Health Supports
- Suicide Prevention Training
- ACT to Fidelity
- Mental Health Career Pathways
- Intern Program
- STRTP
- CF/TN

Fiscal Impact of COVID-19 on CCBHS

- Tax-based revenue shortfalls
- FY 19-20 Realignment down (\$9.5M)
- FY 20-21 Realignment down (\$6.4M)
- Unspent MHSF funds to be utilized to preserve vital services
- Maintain Prudent Reserve

September 2020 Revised Proposal - Highlights



New increased funding for MCRT and community crisis response programming



Maintain some increased funding for housing supports, early childhood MH and suicide prevention (per CPPP)



MHSA funds to replace \$5-7M in lost Realignment revenue to maintain specialty mental health services



Contracts remain at 19-20 funding levels

Supportive Housing

- Support to Full-Service Partnership programs to increase capacity and add housing flex fund
- Maximize No Place Like Home participation to increase inventory of permanent supportive housing units
- Increase on site permanent supportive housing services and supports
- Retain and recruit additional augmented board and care beds



Early Childhood Mental Health

Provide outreach, education and linkage to treatment for families with very young children experiencing serious emotional disorders.



Suicide Prevention Training & Education

Field staff to provide countywide suicide prevention education and training.



WET Financial Incentive Programs

- Expand County funded and administered Loan Repayment Program to address critical staff shortages, such as language need, psychiatrists, hard to fill and retain positions
- Plan to extend Loan Repayment Program to additional positions including peers and clinicians
- No significant impact on Budget

Proposed FY 20-23 Budget

Increase FY 19-20 budget from \$54m to \$61.3m for FY 20-21

Budget increase to be used for additional services related to CPPP, Community Crisis Response and addressing Realignment shortfalls (primarily in Specialty Mental Health contracts).

Retain \$7.5M in Prudent Reserve

All comments, questions, input and guidance are most welcome!

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