Grand Jury

Contra
Costa
County

725 Court Street
P.O. Box 431
Martinez, CA 94553-0091

October 18, 2021

Monica Nino
Contra Costa County
1025 Escobar Street
Martinez, CA 94553

Dear Monica Nino:

Attached is a copy of Grand Jury Report No. 2102, "Tele-Mental Health: Expansion of Remote Access to Care" by the 2020-2021 Contra Costa County Grand Jury.

Sincerely,

Samil Beret, Foreperson
2020-2021 Contra Costa County Civil Grand Jury

Enclosure

A REPORT BY

THE 2020-2021 CONTRA COSTA COUNTY CIVIL GRAND JURY

725 Court Street
Martinez, California 94553

Report 2102

Tele-Mental Health: Expansion of Remote Access to Care

APPROVED BY THE GRAND JURY

Date 10/15/2021

/s/ Samil Beret

SAMIL BERET
GRAND JURY FOREPERSON

ACCEPTED FOR FILING

Date 10/12/21

JILL C. FANNIN
JUDGE OF THE SUPERIOR COURT

Contra Costa Grand Jury Report

Tele-Mental Health: Expansion of Remote Access to Care

To: Contra Costa County Behavioral Health Services
Contra Costa County Board of Supervisors

SUMMARY

Barriers to people receiving mental health intervention include the limited availability of mental health clinicians, geographic distances, transportation difficulties, and insufficient financial resources to afford treatment costs. Research indicates that tele-mental health services are comparable to in-person mental health services regarding patient satisfaction, efficacy, and cost effectiveness with diverse populations. Identifying the need and benefit of telehealth services, the California Telehealth Advancement Act of 2011 promotes the parity of telehealth with in-person health care services.

Although Contra Costa County Behavioral Health Services (BHS) identifies the priority of increasing access to mental health services, this investigation determines that BHS does not incorporate tele-mental health services in its service delivery model. In addition, BHS lacks adequate resources to collect data to improve the quality of outpatient mental health services offered to the community.

The Grand Jury recommends that BHS develop a hybrid plan to integrate tele-mental health services with in-person services in both their outpatient clinics and network provider groups. In addition, the Grand Jury recommends that BHS collect outcome data from their clinics and network provider groups to improve the quality of outpatient mental health services offered to the community. Toward this goal, the Grand Jury recommends that BHS modernize the electronic data collection capabilities of the quality management program, seeking grants and funding through the Mental Health Services Act (MHSA). The Grand Jury also recommends that the Contra Costa County Board of Supervisors provide funds to BHS to upgrade its quality management program.

METHODOLOGY

The Grand Jury used the following investigative methods:

- Researched internet-based scholarly literature pertaining to the use of tele-mental health practices with different clinical populations
- Reviewed Federal and State legislation concerning telehealth

- Reviewed BHS authorizations approving the use of tele-mental health services during the Covid-19 public health emergency
- Reviewed the Contra Costa County MHSA Three Year Program and Expenditure Plan for Fiscal Year 2020-2023
- Reviewed information provided by BHS administration in response to Requests for Information
- Conducted multiple interviews with behavioral health program administrators and clinical personnel
- Reviewed BHS clinical staff and network provider surveys

BACKGROUND

The Need

The demand for mental health services exceeds the supply of trained clinicians. In 2018, there were 115 million Americans living in an area with a shortage of professional service delivery providers. According to the National Survey on Drug Use and Health, almost one-quarter of adults with mental illness reported not receiving treatment. Between 1999 and 2017, the Centers for Disease Control and Prevention reported an increase of 33% in suicide rates with the highest increase in rural counties, which was double the rate of urban areas.[1] In 2016, 16.5% of children in the United States had at least one treatable mental health disorder. Half of the estimated 7.7 million children in the United States with a treatable mental health disorder did not receive treatment from a mental health professional.[2] In California there are only 13 practicing child and adolescent psychiatrists for every 100,000 children under 18.[3]

In addition to the limited availability of mental health clinicians, barriers to people receiving mental health intervention include geographic distances, transportation difficulties, insufficient financial resources to afford treatment costs, and time constraints, such as being unable to take time off from work or having caretaking responsibilities.

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[1]Michael L. Barnett and Haiden A. Huskamp, Telemedicine for mental health in the United States: Making progress, still a long way to go. A commentary, Psychiatric Services, 71 no. 2, (February 2020): 197-198.

[2] Daniel G. Whitney and Mark D. Peterson, US national and state-level prevalence of mental health disorder and disparities of mental health care use in children, JAMA Pediatric, 173 no. 4 (February 11, 2019): 389-391.

[3] American Academy of Child and Adolescent Psychiatry, Workforce Maps by State – Practicing child and adolescent psychiatrists (2021).

Access

Tele-mental health is the use of telecommunication or videoconferencing technology, rather than in-person services, to provide mental health services.[4] Tele-mental health is emerging as an alternative to in-person mental health services for addressing the limited accessibility to mental health services. Studies showed tele-mental health services to be comparable to in-person intervention in patient satisfaction, efficacy, and cost effectiveness.[5] Evidence indicated the strength of the patient-therapist relationship was comparable to in-person treatment.[6] Research showed tele-mental health was an effective treatment approach with diverse groups, including children and adolescents, rural residents, nursing home populations, college students, veterans, immigrants, and incarcerated individuals.[7] Additionally, psychotherapy services delivered by phone were shown to reduce symptoms of anxiety and depression.[8]

A Service Delivery Model

Identifying an expanded approach to providing behavioral health services to meet the needs of underserved populations, the American Psychological Association identified a four-level model of health care delivery [9] to provide access based on the diverse needs of patients:

1. In-person services
2. Traditional telehealth services provided at an originating site such as a clinic or health care facility
3. Telehealth service without originating site restrictions to allow for certain services to be delivered directly into a patient's home
4. Audio-only telehealth for a subset of services and/or particular populations

The California Telehealth Advancement Act of 2011

Recognizing the potential of telehealth to meet the needs of underserved populations the California legislature passed the California Telehealth Advancement Act of 2011 (AB 415). It states, in part,

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[4] National Institute of Mental Health, National Institute of Health Publication No. 21-MH-8155.

[5] Sam Hubley, Sarah B. Lynch, Christopher Schneck, Marshall Thomas, and Jay Shore, Review of key telepsychiatry outcomes, World Journal of Psychiatry, no. 2 (2016): 269-282.

[6] American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Telepsychiatry and AACAP Committee on Quality Issues, Clinical Update: Telepsychiatry with children and adolescents, American Academy of Child and Adolescent Psychiatry 56, no. 10 (2017): 875-893.

[7] Stacie Deslich, Bruce Stec, Shane Tomblin, and Alberto Coustasse, Telepsychiatry in the 21st Century: Transforming healthcare with technology, Perspectives in health information management (Summer 2013).

[8] Mental Health Liaison Group, Submission to the Subcommittee on Health of the House Committee on Energy & Commerce Hearing, The future of Telehealth: How Covid-19 is changing the delivery of virtual care, Recommendations for tele-behavioral health priorities (March 2, 2021).

[9] American Psychological Association, Submission to the Subcommittee on Health of the House Committee on Energy & Commerce Hearing, The future of Telehealth: How Covid-19 is changing the delivery of virtual care (March 2, 2021).

[The] lack of primary care providers, specialty providers, and transportation continue to be significant barriers to access to health services in medically underserved rural and urban areas [and] parts of California have difficulty attracting and retaining health professionals, as well as supporting local health facilities to provide a continuum of health care. . . . It is the intent of the legislature to create a parity of telehealth with other health care delivery modes. . . .Telehealth is a mode of delivering health care services and public health utilizing information and communication technologies to enable the diagnosis, consultation, treatment, education, care management, and self-management of patients at a distance from health care providers. . . .The use of information and telecommunication technologies to deliver health services have the potential to reduce costs, improve quality, change the conditions of practice, and improve access to health care, particularly in rural and other medically underserved areas. Consumers of health care will benefit from telehealth in many ways, including expanded access to providers, faster and more convenient treatment, better continuity of care, reduction of lost work time and travel costs, and the ability to remain with support networks.

The Covid-19 Public Health Emergency

The Covid-19 pandemic prompted the temporary expansion of public and private telehealth services. The U.S. Department of Health and Human Services declared a public health emergency on January 31, 2020, followed by the President's declaration of a national emergency on March 13, 2020, allowing greater flexibility for Medicare providers' use of telehealth services. Consequently, the California Department of Managed Health Care (DMHC) issued temporary emergency orders[10] requiring Medi-Cal and other health plans regulated by the DMHC to reimburse providers at a parity rate for telehealth services typically delivered to patients in-person. Audio-only communication was an allowed service. Additionally, geographic-site constraints in providing telehealth services were suspended, enabling patients to receive services at-home.

Following this state directive, Contra Costa County authorized telehealth services on March 25, 2020.[11] BHS provided the following directive to be in effect during the Covid-19 public health emergency:

Telehealth is not a distinct service, but an allowable mechanism to provide clinical services. The standard of care is the same whether the patient is seen in-person, by telephone, or through telehealth. DHCS [The Department of Health Care Services] does not restrict the location of services via telehealth. Patients may receive services via telehealth in their home, and providers may deliver

[10] California Health and Human Services Agency, Department of Health Care Services, Medi-Cal payment for telehealth and virtual/telephonic communications relative to the 2019-Novel Coronavirus (Covid-19) (3/18/20).
[11] Contra Costa County BHS Memorandum (4/1/20).

services via telehealth from anywhere in the community, outside a clinic or other provider site.

The Future of Tele-Mental Health

Policies enabling temporary telehealth services during the public health emergency period will expire when the state of emergency ends, which has yet to be determined. There have been national and California legislative bills drafted to extend the expansion of telehealth services permanently. Congress recently passed the Consolidated Appropriations Act of 2021[12] to be enacted after the public health emergency regulations are no longer in effect, allowing Medicare providers to permanently receive reimbursement for tele-mental health services that are integrated with in-person sessions. As a result of this legislation, tele-mental health services will be accessible in one's home and extended to residents who do not live in rural locations. Audio-only services are not included in this legislation.

Contra Costa County Broadband Access

The 2018 U.S. Census Bureau estimated the population of Contra Costa County to be 1,150,215 with approximately 9% living in poverty and 30% of the noninstitutionalized residents receiving public health coverage.[13] Nonetheless, in 2021, the Federal Communications Commission (FCC) reported that 99.2 percent of Contra Costa County residents have fixed broadband access.[14] Therefore, most Contra Costa County residents will be able to access tele-mental health services by either computer or smartphone.

Investigation Purpose

Underserved people in the community with mental illness concerns who may have difficulty receiving in-person services, including rural residents and those with mobility and financial limitations, could benefit from tele-mental health services. The focus of this investigation is to ascertain Contra Costa County BHS' plan to maintain and expand tele-mental health services for the community following the termination of the Covid-19 state of emergency.

DISCUSSION

Contra Costa County BHS is staffed by dedicated and compassionate professionals who are invested in the wellbeing of county residents. Clinical staff at BHS clinics provides services to people with severe mental illness. BHS contracts with outside network providers to offer services to people with mild and moderate mental health

[12] Consolidated Appropriations Act (2021): 1775-1776.
[13] Contra Costa Mental Health Services Act Three Year Program and Expenditure Plan Fiscal year 2020-2023.
[14] Federal Communication Commission, Fourteenth Broadband Deployment Report (January 19, 2021): 81.

needs. Despite extensive programs to meet the needs of underserved populations with severe mental illness, the mental health needs of the community exceed the available resources.

The Contra Costa County Mental Health Services Act Three Year Program and Expenditure Plan[15] identifies "access" to service programs as a priority concern. "The cost of transportation and the County's geographical challenges make access to services a continuing priority." This was particularly pertinent for "homebound frail and elderly residents." The Contra Costa County MHSA Three Year Program identified several factors hindering residents receiving mental health services

- Transportation to clinics, especially for rural residents
- The need to provide services outside customary clinic hours
- The importance of clinicians who can offer cultural sensitivity and competent language skills for underserved ethnic groups

In addition, the MHSA plan notes a shortage of psychiatrists, which contributes to long waiting periods for an appointment and undermines the wellbeing of patients who do not have their medication regimens monitored in a timely manner.[16]

Notwithstanding this defined need to increase access to mental health services, the Contra Costa County MHSA Three Year Program did not include any initiatives to develop tele-mental health services.

In 2017, **the Mental Health Commission**[17] advocated offering telepsychiatry to increase the availability of psychiatrists and to reduce wait times for appointments.[18]

BHS Limited Implementation of Tele-Mental Health

BHS addressed the need for more psychiatrists by hiring telepsychiatrists, improving access to psychiatric care. However, BHS did not initiate programs to provide tele-mental health services in accordance with the California Telehealth Advancement Act of 2011.

As noted in Table 1, prior to the Covid-19 public health emergency, tele-mental and audio-only health services collectively represented approximately 7% and 8% of total outpatient services provided in 2018 and 2019, respectively. After the public health

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[15] In 2004, the Mental Health Services Act became California Law providing additional funding to the existing public mental health system.

[16] Contra Costa County Mental Health Services Act Three Year Program and Expenditure Plan Fiscal Year 2020 – 2023: 25-27.

[17] Contra Costa Mental Health Commission Amended Bylaws (September 16, 2014). The Mental Health Commission was established in 1993 to serve in an advisory capacity to the Contra Costa County Board of Supervisors on matters related to mental health.

[18] Mental Health Commission Annual Report 2018.

emergency in March 2020 allowing telehealth services to be reimbursed at parity with in-person services, telehealth services were 18% of services provided, fewer than the office sessions (30%) and services delivered by phone (52%).

Table 1: BHS Outpatient Modes of Service Delivery[19]

Year	Office	%	Audio-Only	%	Tele-mental health	%	Grand Total
2018	58,293	93%	3,263	5%	1,076	2%	62,632
2019	63,319	92%	3,162	4.5%	2,424	3.5%	68,905
2020	24,286	30%	42,495	52%	14,650	18%	81,431

When the public health emergency orders were implemented, BHS created a list of General Telehealth Logistical Guidelines[20] for providers, who were given Zoom accounts. There was no evidence that providers or clients were given further training to use a tele-mental health approach appropriately and maintaining confidentiality, which would be likely to increase familiarity and comfort with using this approach. Rather than use tele-mental health with video capabilities, the majority of providers used audio-only, which does not allow visual contact with clients. Reportedly, clients preferred audio-only services for the convenience or discomfort with video. Although the Federal Communication Commission (FCC) in 2021 reported 99.2% of Contra Costa residents had fixed broadband access,[21] BHS staff was concerned that a significant number of their clients did not have internet access.

Notwithstanding limited implementation, BHS clinical staff considered tele-mental health and audio-only services to be effective with clients who displayed symptoms of anxiety and depression. The clinical staff viewed clients who were more stable, verbal, insightful, and capable of managing technology benefited more from tele-mental health services. At the outset of the Covid-19 pandemic, BHS reported fewer missed appointments using telehealth and audio-only services in contrast to in-person services. However, as the pandemic persisted, some clients stopped seeking services.

Noteworthy, BHS clinical staff viewed tele-mental health to be inappropriate for the homeless and chronic schizophrenic patients with limited capacity to manage the tasks of daily life. A predominant method of service delivery, audio-only, was determined to be inadequate for patients prescribed controlled substances because of the absence of visual cues to assess the patient. Tele-mental health was also considered inappropriate for patients receiving medication injections.

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[19] Data provided by BHS.

[20] Contra Costa County BHS Memorandum (4/1/20).

[21] Federal Communication Commission, Fourteenth Broadband Deployment Report (January 19, 2021): 81.

Concerned for the adverse effects of clients' social isolation, BHS expressed the intention to resume in-person sessions as the public health emergency waned. As previously noted, Medicare expanded eligibility for tele-mental health services when the Covid-19 public health emergency ends.[22] BHS has not communicated plans to augment tele-mental health services in its mental health program.

Quality Management

BHS collects financial data on services provided and ensures documentation meets state standards. The BHS quality management program gathers information about the effectiveness of services provided by its clinical staff. The quality management information collected about tele-mental health services is limited to survey data about BHS clinicians' and network providers' perspectives.[23] The quality management program does not have access to electronic, email and texting forms of data collection.

Although BHS clinicians and network providers preferred in-person sessions, they conveyed confidence meeting client needs using tele-mental health services. Tele-mental health enabled clinicians to maintain connections with clients and facilitated family involvement, while reducing missed appointments. Another advantage acknowledged was the elimination of transportation difficulties to receive in-person treatment.

Network providers contract with the State of California, not Contra Costa County. BHS does not collect clinical information from network providers, who do not use the County electronic medical record system. Additionally, only one-third of clients use the Contra Costa County medical MyChart electronic records system, limiting the opportunity to collect information.

FINDINGS

F1. Prior to the Covid-19 pandemic, tele-mental health and audio-only services available through BHS were a small portion of the outpatient services provided (7% in 2018; 8% in 2019).

F2. During the Covid-19 pandemic, BHS did not offer training to prepare clinicians or clients for effective and confidential use of tele-mental health services.

F3. During the Covid-19 pandemic, BHS tele-mental health services continue to be underutilized. While audio-only increased to 52% of all outpatient services, tele-mental health was 18% of outpatient services delivered.

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[22] Consolidated Appropriations Act (2021): 1775-1776.

[23] CCBHS Remote Work Survey (September 2, 2020).
CCBHS Contract Providers Remote Work Survey (September 10, 2020).

F4. At the outset of the Covid-19 pandemic, tele-mental health and audio-only services decreased the number of missed appointments.

F5. Tele-mental health services are appropriate for clients who are more stable, verbal and insightful.

F6. Tele-mental health services are appropriate to use with clients displaying symptoms of anxiety and depression.

F7. The greater use of audio-only services has the limitation of not offering visual cues, which provide clinicians with important clinical information.

F8. Tele-mental health services are not appropriate for

a. Homeless populations
b. Patients presenting with chronic schizophrenia with a limited capacity to manage the tasks of daily life
c. Patients prescribed controlled substances or injectable medication.

F9. BHS has not incorporated tele-mental health into a comprehensive service delivery model to offer a broad range of opportunities for underserved populations to receive outpatient mental health services.

F10. Access to outpatient mental health services in Contra Costa County suffers from difficulties with transportation to clinics, long wait times for appointments, and insufficient availability of after-hours appointments.

F11. BHS has a limited number of clinicians who can provide culturally and linguistically sensitive services to diverse minority groups.

F12. Increasing access to mental health services is a priority for Contra Costa County BHS.

F13. The FCC reported 99.2% of Contra Costa County residents have access to internet broadband for greater use of tele-mental health services.

F14. BHS has not followed the directives of the California Telehealth Advancement Act of 2011 to develop telehealth services to better meet the needs of underserved populations in the community.

F15. The Congressional Consolidated Appropriations Act of 2021 expands Medicare services to allow tele-mental health services to be integrated with in-person sessions, and to be received by beneficiaries in their home without geographic limitations.

F16. BHS lacks an adequate electronic data system to evaluate the efficacy of outpatient mental health services provided.

F17. BHS does not collect clinical data from network providers, which limits accountability for the outpatient mental health services provided to county residents.

RECOMMENDATIONS

By June 30, 2022, it is recommended that Contra Costa Behavioral Health Services:

R1. Develop a hybrid plan to integrate tele-mental health services with in-person services in their clinics.

R2. Coordinate with network provider groups to integrate tele-mental health services with in-person services.

R3. Develop a training program for BHS clinicians, network providers, and support staff to facilitate the use of tele-mental health.

R4. Develop a training program for clients to facilitate and provide support for the use of tele-mental health.

R5. Collect outcome data from BHS providers and programs to provide feedback to improve mental health services delivered to the community.

R6. Collect outcome data from network providers to provide feedback to improve mental health services delivered to the community.

R7. Increase the use of the MyChart health care information system to make clinical information accessible to clients and providers.

R8. Modernize the electronic data collection capabilities of the quality management program to provide meaningful information about mental health services.

R9. Develop appropriate clinical metrics to evaluate outcomes that improve the effectiveness of mental health services provided.

R10. Seek grants and MHSA funding to upgrade the technological resources of the quality management program.

By June 30, 2022, it is recommended that Contra Costa Board of Supervisors:

R11. Allocate funds for BHS to upgrade its quality management program.

REQUIRED RESPONSES

	Findings	Recommendations
Contra Costa Behavioral Health Services	F1 through F17	R1 through R10
Contra Costa Board of Supervisors	F16	R11

These responses must be provided in the format and by the date set forth in the cover letter that accompanies this report. An electronic copy of these responses in the form of a Word document should be sent by e-mail to ctadmin@contracosta.courts.ca.gov and a hard (paper) copy should be sent to:

Civil Grand Jury – Foreperson
725 Court Street P.O. Box 431
Martinez, CA 94553-0091