

Staff Report from Behavioral Health Services to Update the FHS Committee on Referrals Nos. 115 and 116

This report of Contra Costa Behavioral Health Services (CCBHS) provides an update on identified areas of opportunity to provide improved and expanded behavioral health services in Contra Costa County (CCC).

Background

Since the Grand Jury Report 1703 issued in 2017 and the Mental Health Commission (MHC) White Paper published in 2017, the public behavioral health system has been undergoing structural change and expansion pursuant to the statewide initiative titled “California Advancing and Innovating Medi-Cal (CalAIM).”

Essential components of CalAIM include reduction in barriers to care, more timely access to services, and promotion of a client-centered whole person approach with increased coordination between physical health and behavioral health providers. CalAIM goals are to maximize health outcomes and improve the quality of life of Medi-Cal beneficiaries.

System Improvements Since the last Updates to the FHS Committee Regarding Referral Nos. 115 and 116

Upgrading the Current West County Childrens Clinic

The West County Children's clinic located on 303 41st Street in Richmond has been vacated. The clinic was re-located in 2019 to a new building on 13585 San Pablo Avenue First Floor, San Pablo.

See Attachment A- West County Children's Clinic

Acquiring a New Location for First Hope

The First Hope program was re-located in 2018 to new premises on 391 Taylor Boulevard, Suite 100, Pleasant Hill. The new clinic was designed to support the multitude of services provided to program participants and their caregivers.

See Attachment B- First Hope

Addressing the Shortage of Psychiatrists

The shortage in psychiatrists to serve youth and adults in the public behavioral health system was exacerbated by COVID. However, BHS has addressed the need by filling vacancies with county and contracted psychiatrists, providing loan repayment assistance as a hiring incentive, and reducing administrative burden to support increased client care capacity. In addition to securing required number of psychiatrists, BHS has added seven Psychiatric-Mental Health Nurse Practitioner's (MHNPs)

Filling Vacant Position of Medical Director

Dr. Stephen Field was hired on August 1, 2021, to serve as the Medical Director for Behavioral Health Services

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

The census on PES has been declining since 2019:10,300; 2020: 8558; 2021: 8148; 2022: 7421.

BHS continues to staff a Substance Use Disorder (SUD) Counselor in PES to better support persons experiencing use disorders, and two Community Support Workers to assist clients with transition back to the community. Provisions of a new law, AB 2275, have been implemented in PES to further protect patient rights and ensure fair hearing for continued detainment in PES. The opening of the new youth CSU further will reduce census in PES. Contra Costa Regional Medical Center (CCRMC) currently is evaluating the need for physical structural changes in PES to better support clients. This planning is just commencing.

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

BHS Applied for and was granted a California Health Facilities Financing Authority (CHFFA) capital improvements grant to establish a free-standing CSU for youth under the age 18. The new site is at 25 Allen Street in Martinez, adjacent to the Miller Wellness Center. The grand opening is scheduled for July 2023. The program will have capacity to serve 8-9 youth at any given time.

See Attachment C- Youth Crisis Stabilization Unit (CSU)

Addressing the Relief to Impacted Psychiatric Emergency Services (PES): Expanded Mobile Relief Services

Starting in 2020, CCHS conducted an extensive community planning process to design a more comprehensive community-based crisis response system. The A3: Anyone, Anywhere, Anytime model emerged and now is being implemented.

The A3 Miles Hall Campus Call Center and Mobile Response Teams now operate seven days a week from 8:00 am to 12:30 am, daily. The crisis line phone number is 844-844-5544. Clinicians responding to calls provide screening, telephonic support, referrals to outpatient resources, triage for mobile crisis responses, and dispatch mobile teams. Contra Costa residents can call this line for assistance with adults and youth in crisis, but currently care-givers also can call Seneca's youth crisis line 24/7. The goal is to integrate the Seneca Crisis line and dispatch of Mobile Teams with A3 during Fiscal Year 23-24.

See Attachment D- A3 Design

See Attachment E- A3 and Seneca Crisis Call and Mobile Response Data

See Attachment F- Oak Grove Campus

Unclear Staffing Needs of the Children's Division

BHS continues to meet Network Adequacy standards for all levels of care but continues efforts at recruitment and retention of staff to expand service capacity. Nationwide shortage of behavioral health professionals was exacerbated during COVID and rebound is slow. A recent staff survey identified the need for increased salaries to be competitive with the private sector and with other public service delivery systems. Also identified was the need for better work-life balance. BHS just implemented a pilot project supporting one work from home day or a flexed 9-80 schedule for clinicians providing the required level of direct client services.

Determination of Wait Times for County and Contracted Providers

CCBHP met timeliness standards for first visit to a provider (non-psychiatrist) within ten business days 82.8% to 100% of the time.

CCBHP met timeliness standards for first visit with a psychiatrist within fifteen business days 57.1% to 100% of the time.

The above utilizes data reported to DHCS for Fiscal Quarter 4 of FY 2021-2022

See Attachment G- Timeliness Report FY 2021-22 Fiscal Quarter 4

Continued Need for Children's Resident Treatment Center

CCBHP has contracted with seven residential treatment centers for youth within Contra Costa County. The total bed capacity is 28-30.

Housing

CCBHP has increased funding for housing to the current total of nineteen million dollars. This includes Master Leasing, rent subsidies, large Board and Care facilities, small local Board and Care homes, and Recovery Residences.

See Attachment H- Housing Summary







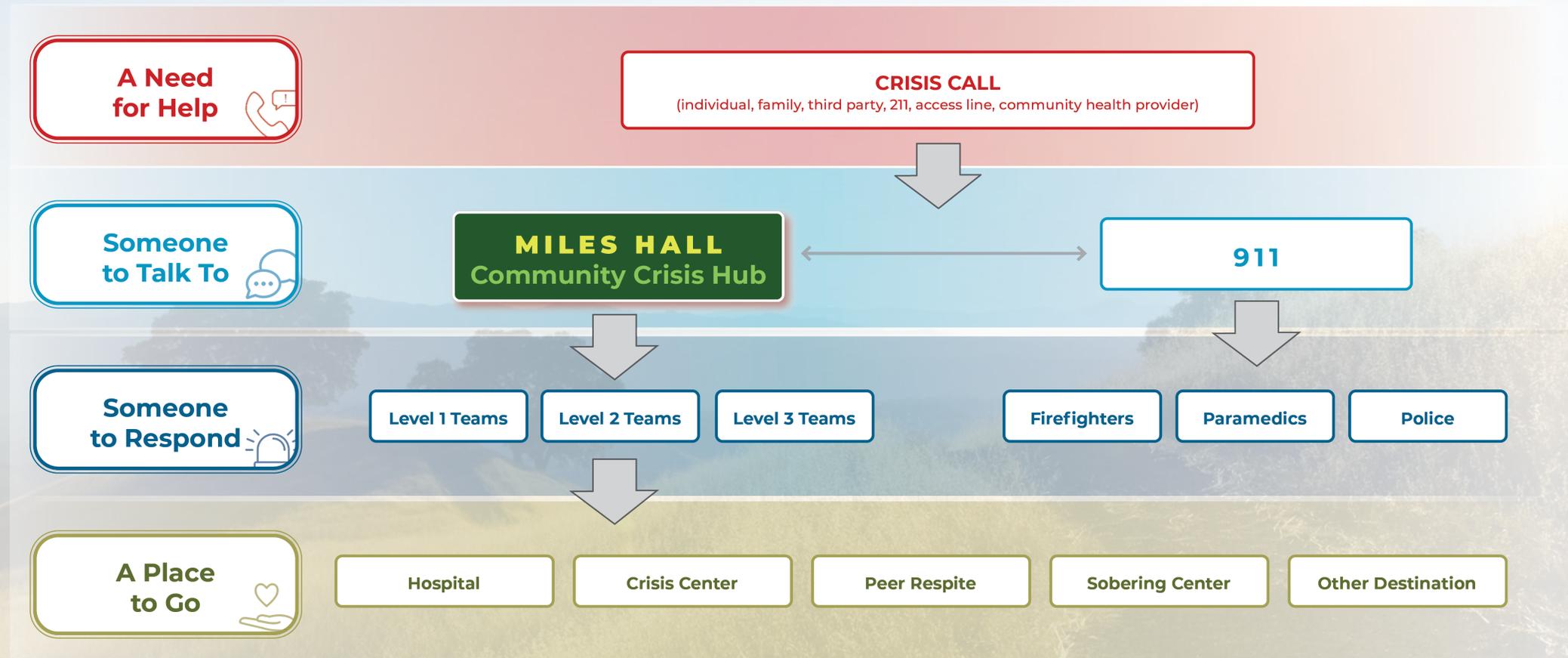
A3 Mobile Crisis Model: Anyone, Anywhere, Anytime

Attachment D

CONTRA COSTA

A³ Model

anyone, anywhere, anytime



A3: Anyone, Anywhere, Anytime

Attachment E

A3 is composed of county-operated services for adults in need of mobile crisis services and contracted services for children in need of mobile crisis response

15 Adult teams in operation; 11 youth teams in operation

Current Miles Hall Crisis Call Center and Mobile Crisis Services are operating from 8:00am to 12:30 am 7 days/week. Planned 24/7 by July 1, 2023.

New Medi-Cal benefit starts July 1 to more robustly support mobile crisis services

FY21-22:

Calls: Adult Mobile Response – 3097/ Child – 1060

Dispatches: Adult Mobile Response – 854/ Child – 278

City	Total # Calls
Concord	647
Antioch	380
Richmond	375
Walnut Creek	240
Pittsburg	162
Pleasant Hill	161
Martinez	153
San Pablo	97
San Ramon	89
Oakley	70



- Clinical Timeliness:** The number of business days from initial request to offered appointment that are considered **ROUTINE**, and the percentage of offered appointments that meet the State standard of 10 business days. Data source comprised of all CSI Timeliness data submitted to DHCS with first contact date during the fourth fiscal quarter (April-June) of Fiscal Year 2021-22.

		# Of Business Days from First Contact to First Offered Assessment					Clinical Timeliness 10-day Std Met?	
		# Of Requests	Mean	Minimum	Maximum	Range	No	Yes
							Row N %	Row N %
By Age	Child	331	6	0	63	63	6.0%	94.0%
	Adult	515	5	0	12	12	0.6%	99.4%
	Older Adult	56	5	1	10	9	0.0%	100.0%
	All Ages	902	5	0	63	63	2.5%	97.5%
By Service Group	Adult Clinics	566	5	0	12	12	0.5%	99.5%
	CBO	58	7	0	63	63	17.2%	82.8%
	Children's Clinic	278	6	0	38	38	3.6%	96.4%
	All Services	902	5	0	63	63	2.5%	97.5%
By Foster Care Status at Acuity Screening	Yes	48	5	0	22	22	8.3%	91.7%
	Previously	36	6	0	38	38	5.6%	94.4%
	No	818	5	0	63	63	2.1%	97.9%
		902	5	0	63	63	2.5%	97.5%

Timeliness Report, FY 2021-22, Fiscal Quarter 4 (April-June)

2. **Psychiatry Timeliness:** The number of business days from psychiatry referral to offered appointment for a **PSYCHIATRIST**, and the percentage of offered appointments that meet the State standard of 15 business days. Dataset comprised of all CSI eligible assessment streams with a first contact date during fiscal quarter four (April-June) of FY21-22 that have a Psychiatry Referral order date in ccLINK that is after the first contact date, but before a subsequent first contact date in cases where a client was reopened after initial closure:

		# Of Business Days from Psych Referral Order to First Offered Psychiatry					Psychiatry Timeliness 15-day Std Met?	
		# Of Psych Referrals	Mean	Minimum	Maximum	Range	No	Yes
							Row N %	Row N %
By Age	Child	63	13	3	62	59	12.7%	87.3%
	Adult	164	22	0	58	58	42.9%	57.1%
	Older Adult	16	19	3	52	49	31.3%	68.8%
	All Ages	243	19	0	62	62	34.3%	65.7%
By Service Group	Adult Clinics	177	22	0	58	58	42.0%	58.0%
	Children's Clinic	66	13	3	62	59	13.6%	86.4%
	CBO	0						
	All Services	243	19	0	62	62	34.3%	65.7%
By Foster Care Status at Acuity Screening	Yes	6	11	4	18	14	16.7%	83.3%
	Previously	8	7	2	13	11	0.0%	100.0%
	No	229	20	0	62	62	36.0%	64.0%
		243	19	0	62	62	34.3%	65.7%

Timeliness Report, FY 2021-22, Fiscal Quarter 4 (April-June)

3. **Urgent Timeliness:** The number of business days from initial request to offered appointment that are considered **URGENT**, and the percentage of offered appointments that meet the State standard of 2 business days. Data source comprises of all CSI Timeliness data submitted to DHCS with first contact date during the third fiscal quarter (Jan-Mar) of Fiscal Year 2021-22:

		# Of Business Days from First Contact to First Offered Assessment					Urgent Timeliness 2-day Std Met?	
		# Of Urgent Requests	Mean	Minimum	Maximum	Range	No	Yes
							Row N %	Row N %
By Age	Child	3	3	2	5	3	33.3%	66.7%
	Adult	10	1	0	2	2	0.0%	100.0%
	Older Adult	2	2	1	2	1	0.0%	100.0%
	Total	15	2	0	5	5	6.7%	93.3%
By Service Group	Adult Clinics	12	1	0	2	2	0.0%	100.0%
	Children's Clinic	3	3	2	5	3	33.3%	66.7%
	Total	15	2	0	5	5	6.7%	93.3%
By Foster Care	Yes	0		
	Previously	1	2	2	2	0	0.0%	100.0%
	No	14	2	0	5	5	7.1%	92.9%
	Total	15	2	0	5	5	6.7%	93.3%

Community Housing Summary	Census	FY 22-23 Actual Cost	Funding Source	Proposed FY 23-34 increases
Large Board and Care	199	\$ 9,479,781.00	Realignment/MHSA	\$ 839,500.00
Small Board and Care	93	\$ 1,551,645.00	Realignment/MHSA	663,761.80
Adult Transitional- Pathway	16	\$ 1,257,235.00	Realignment/MHSA/FFP	\$ -
Crisis Residential- Hope House	16	\$ 2,338,279.00	MHSA	\$ 70,149.00
Master Lease	87	\$ 2,456,732.00	MHSA	\$ 406,403.20
FSP/AOT Units	23	\$ 700,000.00	MHSA	\$ -
MHSA Housing (one time investments)	51	No annual cost	MHSA	\$ -
	485	\$ 17,783,672.00		\$ 1,979,814.00

* Annual costs based on contracts and/or portion of contract budgeted to program.

**FSP census count for MHS only- other programs provide housing supports as needed

***MHSA Housing- In-Kind Supportive Housing Care Management provided; includes 10 units of NPLH

Additional Client Support

Emergency Care Funds (ECF)		\$ 395,000.00	MHSA	\$ 60,000.00
Housing Flex Funds		\$ -	MHSA	\$ 50,000.00
		\$ 395,000.00		\$ 110,000.00

Additional 10 beds at A&A

Increases small b and c daily rate to \$30 per day, increase small b and c beds (12), address ARFs housing older adults, increases family courtyard rate

only at board and cares for clients who have no income and are pending SSI review. Once SSI is awarded the money paid out is returned

Flexible account to pay for moving and/or unexpected expenses and emergencies distributed with Housing Staff approval.