



Contra
Costa
County

To: Board of Supervisors
From: David Twa, County Administrator
Date: August 6, 2019

Subject: RESPONSE TO CIVIL GRAND JURY REPORT NO. 1909, ENTITLED "CONTRA COSTA COUNTY PSYCHIATRIC EMERGENCY SERVICES"

RECOMMENDATION(S):

ADOPT report as the Board of Supervisors' response to Civil Grand Jury Report No. 1909, entitled "Contra Costa County Psychiatric Emergency Services", and DIRECT the Clerk of the Board to transmit the Board's response to the Superior Court no later than August 22, 2019.

FISCAL IMPACT:

There is no fiscal impact.

BACKGROUND:

The 2018/19 Civil Grand Jury filed the above-referenced report, attached, on May 22, 2019, which was reviewed by the Board of Supervisors and subsequently referred to the County Librarian and County Administrator, who prepared the attached response that clearly specifies:

1. Whether the finding or recommendation is accepted or will be implemented;
2. If a recommendation is accepted, a statement as to who will be responsible for implementation and a definite target date;
3. A delineation of the constraints if a recommendation is accepted but cannot be implemented within a six-month period; and
4. The reason for not accepting or adopting a finding or recommendation.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/06/2019** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, District I Supervisor
Candace Andersen, District II Supervisor
Diane Burgis, District III Supervisor
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: August 6, 2019

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: Stephanie Mello, Deputy

Contact: Julia Taylor,
925.335.1043

cc:

BACKGROUND: (CONT'D)

CONSEQUENCE OF NEGATIVE ACTION:

In order to comply with California Penal Code, the Board of Supervisors must forward its response to the Superior Court no later than August 22, 2019 (90 days from receipt).

ATTACHMENTS

Civil Grand Jury Report No. 1909

BOS Response to Grand Jury Report 1909



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.

A REPORT BY
THE 2018-2019 CONTRA COSTA COUNTY GRAND JURY
725 Court Street
Martinez, California 94553

Report 1909

**Contra Costa County Psychiatric
Emergency Services**

Improving Care for Children and Adolescents

APPROVED BY THE GRAND JURY

Date MAY 22, 2019



RICHARD S. NAKANO
GRAND JURY FOREPERSON

ACCEPTED FOR FILING

Date MAY 24 2019



ANITA SANTOS
JUDGE OF THE SUPERIOR COURT

Contact: Richard S. Nakano
Foreperson
925-522-6941

Contra Costa County Grand Jury Report 1909

Contra Costa County Psychiatric Emergency Services

Improving Care for Children and Adolescents

**TO: Contra Costa County Board of Supervisors
Contra Costa Health Services**

SUMMARY

How does the Contra Costa Regional Medical Center's Psychiatric Emergency Services (PES) meet the mental health needs of children and adolescents in Contra Costa County? The PES unit provided care for over 10,000 patients from October 2017 through September 2018. More than 1,600 were children (ages 7 through 12 years) and adolescents (ages 13 through 17 years).

The Grand Jury wanted to understand how PES cares for children and adolescents once they arrive at the Medical Center for psychiatric care. Because this is a Contra Costa County (the County) facility, many do not have health insurance and are brought to PES by family, police, or social worker. The Jury determined that while PES provides the needed mental health services, it lacks suitable facilities necessary to provide psychiatric emergency care for children and adolescents. The PES facility does not separate children and adolescents from adult patients at its entrance, waiting room, triage, or treatment area. They are exposed to adults needing psychiatric help, which PES staff states could cause additional trauma to the children and adolescents. Staff also indicated the crowded conditions at PES may compromise patients' privacy as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The County does not operate a facility for children and adolescents in need of long-term psychiatric care. While waiting for long-term placement, children and adolescents are held in the PES unit until a place is found for them, often outside the County.

The Grand Jury recommends that the County Board of Supervisors (the Board) consider directing Contra Costa Health Services to perform a needs assessment focused on PES services for children and adolescents. In conducting a needs

assessment, the County should consider including a plan to segregate children and adolescents from adult patients in PES. It should also consider identifying space within the Contra Costa County Medical Center (Medical Center) for children and adolescents who are awaiting long-term placement. In addition, the Board should consider locating a long-term-care facility within the County or collaborating with neighboring counties on a regional solution.

METHODOLOGY

In the course of its investigation, the Grand Jury:

- Reviewed Psychiatric Emergency Services Policies and Procedures
- Interviewed mental health professionals, individuals associated with PES, and individuals engaged in providing mental health services in the County
- Toured the PES facility and other areas of the Contra Costa Regional Medical Center
- Reviewed information regarding the number of patients served, reasons for presentation at PES, average patients served per month, and number of staff in PES
- Reviewed Contra Costa County Mental Health Commission meeting minutes
- Reviewed the 2016 Contra Costa County Mental Health Commission White Paper and updates in 2017 and 2018

BACKGROUND

Contra Costa Health Services

The mission of Contra Costa Health Services (Health Services) is to care for and improve the health of all people in the County, with special attention to those who are most vulnerable to health problems. Health Services is organized into eight divisions. Two of the divisions are Behavioral Health Services and the Contra Costa Regional Medical Center, located in Martinez. These two divisions collaborate on mental health care, with the Medical Center's PES unit providing emergency mental health services. The Grand Jury focused on PES in its investigation.

Medical Center Psychiatric Emergency Services

PES provides emergency mental health services for adults and children and adolescents who rely on the County for their mental health care. PES contains 14 beds for adults and four beds for children and adolescents. The Medical Center maintains an inpatient unit providing long-term psychiatric care for persons the age of 18 and over.

However, there is no such inpatient unit in the Medical Center, or other County-operated facilities, for seriously mentally ill children and adolescents in need of hospitalization. Children and adolescents needing hospitalization must stay in the PES unit until they are placed in a facility that provides long-term care.

PES is designated by the County as the receiving center for patients undergoing involuntary holds of up to 72 hours. Involuntary holds are required by Section 5150 of the state Welfare and Institutions Code when patients, including children and adolescents, are a danger to themselves or others.

From October 2017 through September 2018, the PES unit served 10,171 patients. Of these patients, 1,609 were children and adolescents: an average of five per day. Forty-nine children and adolescents were psychiatric holds under Section 5150. An additional 943 were at PES because they were either suicidal, had attempted suicide, or had exhibited suicidal thoughts (ideation). See graph in the following section.

On average, the PES day and evening shifts consist of eight nursing staff, four social workers and two psychiatrists. The night shift consists of eight nursing staff, two social workers and one psychiatrist.

Mental Health Commission White Paper

The Contra Costa County Mental Health Commission (the Commission) is an advisory body of citizens appointed by the Board to serve as the watchdog group for mental health services provided by the County. In April 2016, the Commission submitted a White Paper to the Board regarding what it called, “a crisis in the county public mental health care system and budgetary issues contributing to the crisis.” The White Paper was followed by updates in October 2017 and September 2018.

In addition to the Grand Jury’s independent findings, the White Paper and the updates also recommended changes in 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.

DISCUSSION

Children and Adolescent Patients Presenting to PES

From October 2017 through September 2018, PES saw an average of 848 patients per month. On average, 134 of these were children and adolescents. The facility has four beds for children and adolescents and 14 beds for adults. When children and adolescents in PES exceed the number of beds, they are provided with floor mats until beds become available.

Adults requiring longer-term care are admitted to a separate unit within the Medical

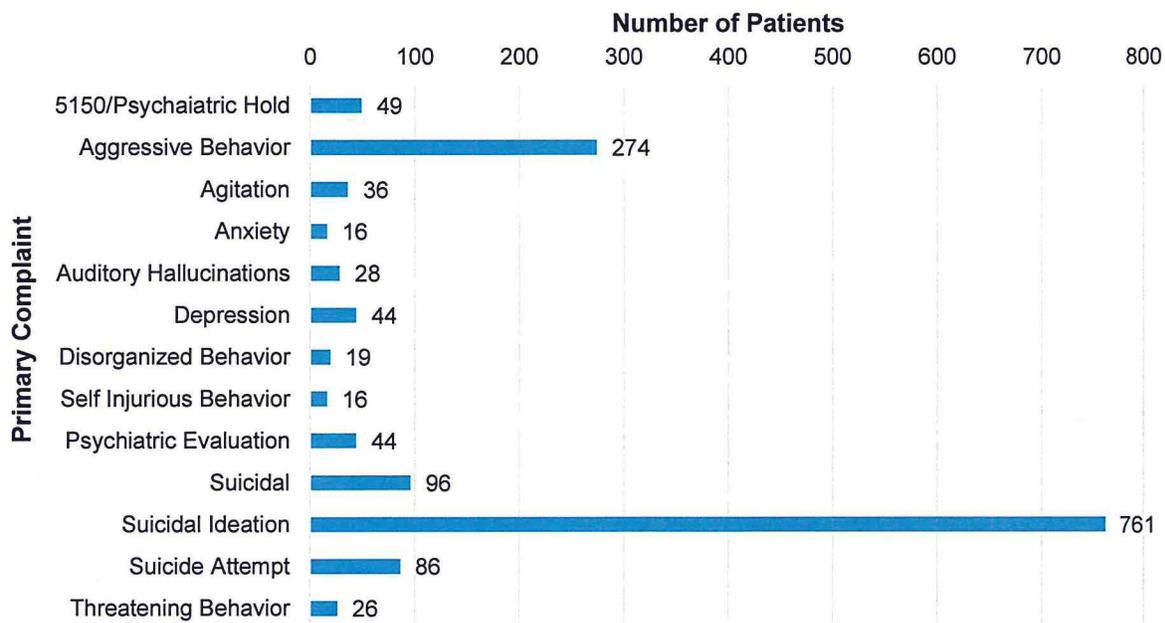
Center which has 23 inpatient beds. The Medical Center does not have a similar long-term-care unit for children and adolescents. These patients must stay in the four-bed PES unit until beds are located in other facilities, many times outside of the County.

The following graph shows the most significant complaints of children and adolescents presenting to PES:

Children and Adolescent PES Patient Primary Complaints

October 2017 through September 2018

(Source: PES)



The PES Experience for Children and Adolescents

The PES facility has no separate entrance, waiting room, triage, treatment area, or exit for children and adolescents. They stay in a small section of the PES unit with two designated rooms, one for children (ages 7 through 12 years) and one for adolescents (ages 13 through 17 years). Upon arrival at PES, and when they leave, children and adolescents must pass through the adult area to reach the assessment rooms. Distressed children and adolescents are exposed to adult patients needing psychiatric help. PES staff states this could cause additional trauma to the children and adolescents.

The Grand Jury determined in its investigation, and as noted in the updates to the

Commission's White Paper, there has been no progress made in implementing a new design of PES facilities for children and adolescents.

The Grand Jury observed there is a vacant wing (4D) on the fourth floor of the Medical Center. This space may be an option to serve as a temporary holding unit for children and adolescents awaiting placement in long-term care.

Long-term Care Placement

The PES facility has four beds to accommodate children and adolescents. After patients are assessed and a decision is made that they need inpatient admission, staff must find an appropriate place for them in a long-term-care facility. Inpatient beds are in such high demand that children and adolescents are held in PES an average of four to five days until space is found for them in a long-term-care facility. The facility can be as far away as Sacramento and Fresno.

According to mental health professionals interviewed by the Grand Jury, placing these children and adolescents outside the County can impact their treatment and recovery. These professionals also indicated that children and adolescents need to stay connected with their families.

The Grand Jury recommends that the Board of Supervisors consider directing Health Services to address two issues:

1. The need for improved space for children and adolescents in PES
2. The need for a children and adolescents treatment center in the County, or a regional approach to long-term care in collaboration with neighboring counties.

Additional Concerns

The Grand Jury has other concerns based on our investigation:

- The PES facility is configured so there is a lack of privacy for patients. This could result in HIPAA violations.
- John Muir Health Concord Medical Center is designated by the County as a 5150 receiving center. However, there is no formal contract between it and the County to accept 5150 cases.

FINDINGS

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

- F2. Children and adolescents could remain in PES four to five days while they wait for long-term placement.
- F3. The PES facility is configured so that children and adolescents seeking treatment must pass through the adult patient area.
- F4. Contra Costa County does not operate a long-term-care facility for children and adolescents. They are often placed in long-term-care facilities outside the County.
- F5. Although the County has authorized John Muir Health Concord Medical Center to accept 5150 patients, there is no formal contract to do so.
- F6. The Medical Center's 4D wing is vacant with no plans for its utilization.
- F7. The Contra Costa County Mental Health Commission recommended changes in 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.

RECOMMENDATIONS

- 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.
- 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.
- 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.
- 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.

REQUIRED RESPONSES

	Findings	Recommendations
Contra Costa County Board of Supervisors	F1, F2, F3, F4, F5, F6, and F7	R1, R2, R3, and R4
Contra Costa Health Services	F1, F2, F3, F4, F5, F6, and F7	

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