

# **A LOOK AT COUNTY BEHAVIORAL HEALTH SERVICES: THE TIME FOR IMPROVEMENTS IS NOW**

This report investigates the scope and effectiveness of Behavioral Health within the San Luis Obispo County Health Agency.

## **SUMMARY**

The 2017-2018 San Luis Obispo County Grand Jury investigated the services provided through Behavioral Health by interviewing a wide spectrum of employees, private mental health professionals, and representatives from local non-profit agencies with behavioral health ties. Through these interviews, document reviews, and facility inspections, the Grand Jury understands that the County provides programs and services to Medi-Cal beneficiaries among the population of over 5000 residents with severe mental illness. The County also provides drug and alcohol services to residents, many of whom are in court mandated treatment. Although the quality of these services is very good, the availability is not always sufficient to meet best practice standards. The 2014-2015 Grand Jury<sup>1</sup> found that wait times for County outpatient mental health services were lengthy and that inpatient services for mental health were often at capacity, therefore unavailable. While these problems have long been recognized, the solutions have not been adequately addressed by our County.

There are multiple examples of best practices employed by the County, such as the full-service partnership (FSP) program, where layered services are provided to those with extreme need; and the three-tiered approach to crisis services including the Mental Health Evaluation Team (MHET), the newly opened Crisis Stabilization Unit (CSU), and the inpatient Psychiatric Health Facility (PHF). This three-tiered crisis support provides first response to a behavioral health emergency or crisis and immediate treatment (if necessary) from the MHET (staffed by health professionals

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<sup>1</sup> The 2014-2015 Final Report: We Are Waiting: Access to County Provided Mental Health Services

rather than law enforcement), followed by treatment at the CSU (if necessary), and if inpatient treatment is required, admission to the PHF. The challenge to be overcome is that the response time from the MHET is often hours instead of minutes. This makes law enforcement the only option for intervention in mental health crises. An increase in the number of MHETs available for this initial response will enable the rest of the system to perform more effectively. The FSP faces a similar challenge in that it is available to only a few clients, and the waiting list can be months long. Considering that the clients are severely mentally ill and in urgent need of support, waiting for months cannot be considered an optimal solution. Providing additional MHETs and quicker access to the FSP for people in need of these services are two of the areas where expansion is warranted. It is the 2017-2018 Grand Jury's recommendation that the County augment funding to provide County residents with enhanced facilities, services, and an increase in professional staffing levels.

## **PURPOSE**

The mission statement of Behavioral Health provides the direction that the County is taking in the treatment of residents with mental illness or substance abuse issues.

### **Mission Statement**

San Luis Obispo County Behavioral Health works in collaboration with the community to provide services necessary to improve and maintain the health and safety of individuals and families affected by mental illness and/or substance abuse. Services are designed to assist in the recovery process to achieve the highest quality of life by providing culturally competent, strength based and client and family centered strategies utilizing best practices.

This report is the culmination of the investigation into how well the county services are following this mission and how effective they are at meeting their stated goal.

## **ORIGIN**

This investigation was internally generated by the 2017-2018 San Luis Obispo County Grand Jury.

## **AUTHORITY**

The issuance of this report is authorized under the investigative powers of grand juries pursuant to California Penal Code § 925 which asks grand juries to investigate and report on the operations of all county departments or functions.

## **METHOD**

The method used for this investigation was to:

- Review documents from the Board of Supervisors meetings
- Review documents concerning the Mental Health Services Act, including state audit data
- Review previous County audits concerning the Health Agency
- Review Behavioral Health websites for San Luis Obispo and other counties
- Review County policies and procedures connected with Behavioral Health
- Review state regulations concerning behavioral health services
- Interview Behavioral Health management and staff personnel
- Interview private practice clinicians in the behavioral health community
- Interview representatives of local nonprofits associated with behavioral health treatments and issues
- Interview current and former County contractors and consultants
- Interview community members with family experience in dealing with the behavioral health system.

In an effort to understand the mental health inpatient treatment the members of the Grand Jury visited the Psychiatric Health Facility (PHF), the California Men's Colony (CMC) mental health facility, and Atascadero State Hospital (ASH). The Grand Jury did not visit or inspect the Crisis Stabilization Unit (CSU) because it was not open until April 1, 2018. In addition, the Grand Jury performed a review of practices and systemic problems within other counties. The physical PHF

facility was reviewed in a 2017-2018 Grand Jury companion report<sup>2</sup>, and findings regarding that facility are not repeated here.

## **BACKGROUND**

The Behavioral Health department in San Luis Obispo County is mandated by the State to provide mental health services for Medi-Cal recipients with severe mental illnesses. They also provide drug and alcohol services to our County. While the majority of those served by the County are Medi-Cal recipients, the County also provides services to inmates at the San Luis Obispo County Jail. There are very limited private facilities and service providers in the County. There are no private psychiatric facilities associated with any of the four hospitals within the County, and there are no private dedicated psychiatric hospitals. The County facilities are tasked with providing the only mental health inpatient facility in the area. The 2014-2015 Grand Jury reported that the wait times for outpatient services in the County were too long and that the inpatient services at the PHF were often unavailable due to overcrowding.

Behavioral Health provides outpatient facilities and services for individuals with both mental health and substance abuse problems. Staff in these facilities serve thousands of patients each month, providing services not available through other providers. Behavioral Health also provides comprehensive services for clients who have extreme difficulty living with severe disabilities from mental illness and are struggling to adjust to the community. These services include addiction, medical and mental health treatments, housing and life skill support with a goal of rejoining society. Without these services the risk is higher that the clients will enter the judicial system where their conditions could worsen to the point of being cared for by the state hospitals, prison system, or through County conservatorship. Conservatorship is where the court declares the client gravely disabled and unable to care for him or herself, and the County assumes the responsibility for their well-being. This falls within the purview of the Public Guardian's office.

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<sup>2</sup> 2017-2018 San Luis Obispo County Grand Jury Report: *Our County Can Do Better: The Crisis Inside the Walls of the Psychiatric Health Facility*

As the national mental health crisis continues, the public is still affected by the closure of the state mental hospitals, which occurred decades ago. The population once served in these institutions is now often found in judicial custody, on the streets, or being cared for by family members. They make up part of the over 5000 San Luis Obispo County residents functionally impaired from severe mental illness and desperately need the services only the County can provide.

## **NARRATIVE**

Through the process of this investigation, the Grand Jury observed both strengths and weaknesses of our County's approach to treating the mentally ill and those with substance abuse problems. Most of the money currently available for this effort comes from Medi-Cal or the Mental Health Services Act. These are state and federal funds. Currently only 17% of the budget is directly from the County General Fund.

## **OBSERVATIONS AND FACTS**

San Luis Obispo County is mandated by the state to serve all Medi-Cal recipients who are severely mentally ill and meet medical necessity for treatment. The only inpatient mental health units within the county are the Psychiatric Health Facility (PHF) and the Crisis Stabilization Unit (CSU), both managed by Behavioral Health. All Medi-Cal recipients meeting the criteria of Welfare and Institutions Code 5150 (W&IC 5150) are taken to the PHF if space is available. The facility is limited to 16 patient beds. This facility is in the old County hospital and has not been expanded or modernized in over 25 years. The County has grown by over 25% in that timeframe. Over the past six years, the PHF has had 26 psychiatrists cycle through its resident psychiatrist position. This is part of a nation-wide problem of hiring and retaining mental health clinicians.

The biggest change in the PHF in recent years is the increase in the number of inmates treated in the facility. They have had up to 9 of the 16 beds occupied by inmates within the past year. When inmates are present, it is difficult to accommodate juvenile patients, and they often stop admitting juveniles to avoid this problem. This requires the juvenile clients to be transferred out of county for treatment, causing a significant challenge for families to participate in therapy or other

counseling treatments. The PHF cannot admit patients who have a blood alcohol content of over 0.2 BAC or are using unknown drugs. Individuals are often taken to local emergency rooms for clearance prior to being taken to the PHF or CSU. The PHF staffing levels for the second and third shifts can be as low as three or four behavioral health staff. The Crisis Stabilization Unit has recently opened near the PHF. It is believed that this contractor-staffed unit will relieve some of the pressure on the PHF by handling short term crisis situations. Additional pressures have been added by the inability to send longer-term patients to the Ventura County facility that was a casualty of the Thomas Fire (2017).

Many of the County behavioral health clients are referred to services while in a crisis situation. Well under half of the communities' law enforcement officers have completed the 40-hour crisis intervention course. (Many have completed the shorter, less intensive courses.) Crisis situations are often handled by law enforcement but are better suited to the Mental Health Evaluation Teams (MHET). The MHET includes behavioral health professionals rather than uniformed peace officers and is often less intimidating to a person in a behavioral health crisis. Currently there are only two MHETs for the entire County, causing hours of delays and forcing many in crisis to rely on law enforcement or local hospital emergency rooms.

The second potential step in the treatment of a person in a crisis is the CSU, where patients may stay for up to 23 hours and are evaluated while given time to stabilize. Patients are often given food and a chance to rest in a quiet, safe environment. If inpatient treatment is needed, the individual can be transferred to the PHF, often on a W&IC 5150 order (danger to self or others due to mental illness). They are treated in the PHF until they no longer need inpatient treatment. When the crisis has abated, the next step for many is to use the voluntary outpatient services provided by Behavioral Health. Currently fewer than half of the severely mentally ill in the County participate in outpatient treatment. Outpatient services are provided in three clinics, one in the City of San Luis Obispo, one in Arroyo Grande, and one in Atascadero. These clinics provide psychiatrists, therapists, and medication management. Currently new clients may have to wait for up to 14 days for an assessment and up to 40 days for initial treatment. New state mandates require that these wait times be reduced to 10 days each. Staffing for the three sites is detailed below:

| Clinic Location | Medication Managers                  | Therapists       | Supervisor | Clients |
|-----------------|--------------------------------------|------------------|------------|---------|
| North County    | 4                                    | 4                | 1          | 650     |
| SLO City        | 4<br>(+ 1 for Out of County Clients) | 3<br>(1 vacancy) | 1          | 650     |
| South County    | 3                                    | 3.5              | 1          | 450     |

County Mental Health Staffing/Client Summary

On average, each medication manager and therapist serves approximately 150 outpatient clients, all of whom have severe mental illness. There are currently part-time system navigators provided through a State MSHA grant. These provide much needed insight into the mental health treatment and support systems. A few clients, with severe disability caused by mental illness, are allowed to volunteer for the Full-Service Partnership (FSP), which provides care for medical, mental illness, and substance abuse along with support for housing and life skills training. The FSP also provides a case manager to help guide the client through a path toward recovery. The program meets the best practice measure of daily contact from peer counselling or behavioral health clinicians. Fewer than 40 clients are served in this program of intensive therapy. The wait for entry into this program can be months. The psychiatrist for this program is provided through a local non-profit. This avoids the revolving door psychiatrist positions supported by the temporary labor (*locum tenens* doctors) used for many of the County psychiatrist positions. The reason for the use of *locum tenens* psychiatrists is that there is a nationwide shortage that affects both county and state facilities. The state hospitals have 60% of their positions filled through temporary services. (ASH frequently loses psychiatrists to CMC, which pays higher salaries.) The County also uses a nonprofit contractor to administer both a supportive housing program and community housing for the mentally ill clients. Unfortunately, there is also a long waiting list for these programs. The County has three wellness centers that provide much needed socialization skills for all clients.

The Behavioral Health organization appears to be compartmentalized with limited cross training between addiction and mental illness branches. There is also a quality assessment team that provides client assessment and quality measures for County programs. There is little knowledge

of these results within the ranks of Behavioral Health. The evaluation team relies on a State-mandated survey that is lengthy and cumbersome to complete for someone with an impaired attention span or limited cognitive abilities. The MHSA funds many of the successful programs at Behavioral Health. The County has unexpended MHSA funds (committed, but awaiting State approval) and prudent reserves that can be used for special projects at the discretion of the community MHSA Advisory Committee, with State approval.

Finally, in spite of recent efforts, the stigma associated with mental illness is still evident. Stigma is born of ignorance and fear, which causes harm to the very people Behavioral Health is attempting to help. Perceiving and referring to our fellow citizens by their humanity, not by their impairment, would accomplish a great deal toward their acceptance. Education and support would help clear away existing stigma. Stigma appeared to be the major objection to the construction of the Templeton Psychiatric Hospital, which will require another three or four years for completion after funding is secured.

## **CONCLUSIONS**

While the majority of services provided meet the goals of the mission statement, it has come to the attention of prior and current San Luis Obispo County Grand Juries that, at times, County Behavioral Health services provided to clients in crisis fall short of best practices due to lack of funding for sufficient staff and facilities. New services like the Crisis Stabilization Unit and the proposed drug and alcohol services inpatient facility are a big step in the right direction, but more is needed. There are currently three outpatient clinics, three wellness centers, and a single 16-bed PHF to service our entire County's over 5000 severely mentally ill residents.

Behavioral Health is doing an admirable job with the resources it has available but requires more funding. Currently the state and federal governments provide approximately \$58M for the behavioral services within our County. The benefit of augmenting the approximately \$12M current County contribution with additional resources will be felt almost immediately within our community. Long-term programs, such as the *Stepping Up Initiative* (the County-adopted, national initiative to help keep people with behavioral health problems out of our judicial system), will

have a chance to be more successful by providing more complete treatments aimed at keeping clients out of crisis situations and out of jail.

The County has the treatment structure required to address these behavioral health problems but is not currently equipped to handle the volume of clients living in the County. This Grand Jury report considers these problems from a perspective of what can and should be done now and the impact it will have in support of some of our County's most vulnerable citizens. The companion report on the PHF also concludes that the operations at the PHF are being carried out by a dedicated and capable staff, but the facility itself is antiquated and lacks adequate therapy and treatment spaces.

While the facts and observations document the basis of numerous continuing problems, these issues are complex, partially because this community has been underserved for so long. Not all of the issues surrounding our treatment of those with mental illness and/or substance abuse can be solved quickly or inexpensively, but now is the time to increase our effort to work toward a long term solution. The position with primary responsibility to garner this support is in the process of change; a strong advocate is needed. This need was reflected in the qualifications requested and responsibilities documented in the search to fill this position.

Most of the findings reflect recommendations that are needed but will require additional County funding. Many of these should have been addressed long ago, but budget priorities have caused this segment of the population to be neglected and ignored. Ignoring these problems has been a major contributor to the number of our mentally ill population being involved in the criminal justice system and to the San Luis Obispo County Jail becoming the area's second largest mental health institution after ASH.

## **FINDINGS**

- F1. The current number of Mental Health Evaluation Teams is inadequate to serve the County with reasonable response times and effective intervention.

- F2. The “best practice” for patients in crisis is daily contact from peer counselors and mental health professionals.
- F3. There is a wide disparity in compensation between the State of California psychiatrists, *locum tenens* psychiatrists, and San Luis Obispo County psychiatrists.
- F4. The current organizational structure of the County Health Agency and, specifically, Behavioral Health appears convoluted based upon the maze of funding streams and regulatory requirements.
- F5. The consumer satisfaction/perception survey imposed by the State is not relevant to assessing service needs.
- F6. Expansion of supportive and community housing programs would reduce the number of crisis situations.
- F7. The new CSU is expected to take pressure off of the PHF.
- F8. Current efforts to reduce stigma are not having the magnitude of impact within our community.
- F9. Expansion of the system navigator and case manager roles will result in improved comprehensive care.
- F10. A limited number of law enforcement personnel have taken the full 40-hour Crisis Intervention Training (CIT), which is more effective than a shorter course in de-escalating crisis situations involving the mentally ill.
- F11. The full-service partnership programs are very effective and use the current “best practices” for treatment.
- F12. The closure of Vista Del Mar in Ventura County, due to the Thomas Fire, has had a negative impact due to the lack of nearby facilities to treat crisis patients who need longer term care.

## **RECOMMENDATIONS**

- R1. Increase financial support to Behavioral Health from the County General Fund to accomplish the following within the next fiscal year. (Note: Some of this expense is reimbursable by Medi-Cal.):

- a. Reduce the wait time to enter the Full-Service Partnership program from months to weeks.
  - b. Add clinicians and case managers to the mental health clinics thereby reducing wait time below the 10-day requirement and reducing the time between maintenance appointments.
  - c. Add full time system navigators to all mental health clinics and encourage Cen-Cal (the local Medi-Cal affiliate) to add them at medical clinics.
  - d. Add two additional Mental Health Evaluation Teams, one in North County and one in South County.
- R2. Increase funding and support for the community and supportive housing programs.
- R3. Improve efforts to reduce stigma through County sponsored educational programs and public service announcements.
- R4. Combine drug and alcohol treatment with mental health treatment, having all clinicians cross-trained to manage dual-diagnosis patients.
- R5. Reorganize the agency to concentrate on the complete behavioral health treatment process.
- R6. Use innovation and incentives, such as County backed bonds or tax breaks to support the building of private psychiatric and substance abuse facilities within the County.
- R7. Adopt more aggressive and innovative recruitment strategies for key positions such as Psychiatrists, Nurses, and Nurse Practitioners.

## **COMMENDATIONS**

1. The Grand Jury commends Behavioral Health and its community partners for:
  - a. Operating the Full Service Partnership program, where layered services support patients with severe mental illness
  - b. Eliminating wait lists for most services
  - c. Adding a Crisis Stabilization Unit
2. The Grand Jury commends the County for acknowledging the desperate need for a residential detox center and their continued support for the center.

## REQUIRED RESPONSES

The County Health Agency is required to respond to: F1, F3, F4, F5, F6, F8, F9, F10, F12, R1, R2, R3, R4, R5, R6, R7

The Board of Supervisors is required to respond to: F1, F3, R1, R2, R5, R6, R7

“The responses shall be submitted to the Presiding Judge of the San Luis Obispo County Superior Court by July 9, 2018. Please provide a paper copy and an electronic version of all responses to the Grand Jury.” Informational reports shall state that “No Responses are required.”

| Presiding Judge  | Grand Jury  |
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| Presiding Judge Ginger E Garrett<br>Superior Court of California<br>1035 Palm Street Room 355<br>San Luis Obispo, CA 93408 | San Luis Obispo County Grand Jury<br>P.O. Box 4910<br>San Luis Obispo, CA 93403 |