

WE ARE WAITING: ACCESS TO COUNTY-PROVIDED MENTAL HEALTH SERVICES

INTRODUCTION

A San Luis Obispo County resident has been feeling very tired and withdrawn. He does some research and is concerned enough about his mental well-being that he goes to the county Mental Health Services website for information about services it offers. He notices two different numbers for the hotlines; he is confused but calls one. A trained individual answers the call and through questioning confirms the caller does not have suicidal thoughts nor is an immediate risk to himself or others. Rather the individual, a married father, says that in the past he was always a hard worker who thrived amongst his peers. Lately, he has been very tired to the point of not wanting to get out of bed in the morning. When he arrives at work, he has trouble concentrating. He is imminently concerned about losing his job, as he is often irritable to his coworkers, and has started to use sick days frequently. His wife has commented on his changed demeanor, and he has abruptly begun avoiding conversations with her. He also worries about being able to continue to care for his family.

If the call were placed to the first number on the county's website (1-800-838-1381) during regular business hours, the therapist handling the call would be a county employee and could schedule an appointment for an assessment since this would most likely be viewed as a non-crisis situation. However if the call were made during off-hours or to the other number listed (1-800-783-0607), the individual would be given a phone number to contact the county directly to schedule the appointment. Although a troubled person might not take this second step, this individual does call the county the next day. His appointment is scheduled four weeks out, which is about the average wait time. During this span of time, the county does not contact him to see if his condition has worsened or improved, or to confirm his intent to attend the

appointment. Until the assessment, he is left to cope with his condition on his own and the county is unaware of his status. After the assessment is completed, his case is assigned to a county clinic. He may wait up to 14 more days for this clinic appointment to receive a diagnosis and treatment. Six weeks have passed since the initial call to the hotline; is his condition improving or worsening?

In the above scenario, if the caller had stated that things would be easier for his family if he weren't around or made a direct threat of suicide, the trained operator would consider this a crisis situation. In such a case, the timetable for scheduling service would be much faster. If the operator believes the situation has escalated and that immediate assistance is necessary, the Mobile Crisis Unit, a local nonprofit, would be called so that a trained therapist could establish face-to-face contact with the caller. Over the course of one to two hours, the therapist would first try to minimize the current crisis and then assess the patient. If successfully de-escalated, an appointment with a county clinic would be set up for the individual which could be as much as 14 days later depending on the severity of his condition. The Mobile Crisis Unit would follow up with the individual within 24 to 48 hours to monitor his or her progress. After this follow-up the individual is not contacted again to confirm the appointment at the clinic.

If the Mobile Crisis Unit cannot minimize the crisis, the original caller might be taken to the Psychiatric Health Facility in San Luis Obispo for inpatient care. Admittance can be voluntary or involuntary, and the typical length of stay is about five days. Upon release from the facility, an appointment would be scheduled for continuing care.

The above scenarios illustrate what a citizen who qualifies¹ for county services might encounter on his or her quest to obtain help. This report goes into greater detail regarding access for mental health services available to such an individual.

¹ "Medi-Cal coverage includes low-income adults, families with children, seniors, persons with disabilities, children in foster care as well as former foster youth up to age 26, and pregnant women." www.coveredca.com/medi-cal. In the county, 11.9% of adults is Medi-Cal population. <http://agenda.slocounty.ca.gov/agenda/sanluisobispo/4455/QXR0YWNobWVudCAxMi5wZGY=/12/n/41429.doc>

ORIGIN

A concerned citizen notified the 2014-2015 San Luis Obispo County Grand Jury (Grand Jury) of a perceived lack of access to services offered by the county for a specific adult individual with major behavioral and mental health issues. As this focused on a specific individual with the potential need to obtain substantial personal and medical information, the Grand Jury decided to broaden the scope beyond the complaint. The Grand Jury was also aware of media coverage regarding the lack of mental health services and a possible causal link to recent tragic events, such as the Isla Vista murders in Santa Barbara County. The Grand Jury took these concerns and decided to investigate what mental health services are available and the access to them for an adult in San Luis Obispo County.

AUTHORITY

California Penal Code section 925 authorizes the Grand Jury to investigate and report on the operations, accounts and records of a county officer, department or function.

PROCEDURE

The County Committee of the Grand Jury interviewed senior administrators within the county Health Agency, including the Behavioral Health Department and the Managed Care Team. To better understand the services offered by the county, managers of nonprofits that contract with the county to provide mental health services were also interviewed.

The Grand Jury reviewed websites of county, state and national agencies, organizational charts, agendas, minutes, budgets and other data relating to mental health services provided by the Behavioral Health Department.

BACKGROUND

The San Luis Obispo County Health Agency (Health Agency) is tasked with many functions. These include healthcare, food and water safety, animal services, drug and alcohol services and mental health services. Within the Health Agency, the Behavioral Health Department (Department) “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.”² The budget for the Department for the 2014-2015 fiscal year (FY) is approximately \$55.3 million. The majority of the funding is from Medi-Cal reimbursements and state funding from Mental Health Services Act (MHSA) tax and sales tax. For the current FY, the county allotted \$7.27 million from the general fund to support the remainder of the Department’s budget.

NARRATIVE

Since services relating to mental health cover a broad range, the Grand Jury focused this investigation on an adult’s ability to obtain initial services for a mental health issue within the county. A mental illness regularly disrupts a person’s thinking, feelings, mood, ability to relate to others and function.³ It should be noted that a behavioral health issue such as addiction does not preclude an adult, otherwise eligible, from receiving services for a mental health issue, but it can make the diagnosis and treatment of the underlying mental health issue difficult.

OUTREACH

The services provided by the county for mental health are primarily for Medi-Cal beneficiaries who have a medical necessity due to a functional impairment.⁴ The services offered by the county are provided as a safety net. The outreach consists primarily of placement of brochures at

² Department’s Mission Statement. County of San Luis Obispo Fiscal Year 2014-15 Final Budget, page C-127.

³ <http://www.nami.org/Learn-More/Mental-Health-Conditions>.

⁴ The federal government contracts the state for medical services, known as Medi-Cal. The county contracts with the state to provide the services, similar to a medical-managed care plan for recipients of Medi-Cal. While individuals with private insurance are not the customary population for the Department’s services, the Department will try to find and refer services for residents seeking assistance and third party insurance will be billed if available.

facilities where those in most need may see them (schools, nonprofits, clinics), billboards along traffic corridors listing the hotline phone number or website, and the website itself.

INITIAL ACCESS

The main access points are the county’s website listing the hotline numbers, walk-in clinics in various parts of the county, law enforcement and emergency room referrals. Other access points include nonprofit organizations such as CAPSLO, Family Care Network, Transitions Mental Health, local schools and colleges, and local medical provider Community Health Centers.

Two Hotlines

The following is a partial screenshot of the county’s mental health services homepage. It lists two emergency phone numbers, one for accessing services or for immediate help, the other for suicide or emotional and mental health support. The latter number is also repeated as a source for non-emergencies such as assistance in finding community resources. Both these numbers are answered by a person 24 hours every day.

The primary focus of the trained individual answering the calls for either hotline is to determine whether there is a mental health emergency, crisis or non-crisis situation. A mental health emergency is defined: “an individual is imminently threatening harm

Mental Health Services [Printer Version](#)

WELCOME TO MENTAL HEALTH SERVICES

We offer mental health treatment services for our county's youth, adults, and senior citizens and help with family, personal, or psychiatric issues. We have clinics located in the North County, South County, and in San Luis Obispo.

To Access Mental Health Services, Or For Immediate Help, Such As Mobile Crisis Services, Call 1-800-838-1381 (24 Hours / 7 Days A Week)

Suicide Hotline 1-800-783-0607

SLO Hotline Is A Suicide Prevention And Mental Health Crisis Line Staffed 24 Hours A Day, Seven Days A Week. You Can Also Call For Emotional And Mental Health Support For Yourself Or Someone Else.

For Non-Emergencies:

When you want to talk with someone for emotional support or need help finding community resources, call the trained volunteers at [SLO Hotline](#): **1-800-783-0607**

WHEN YOU CALL TO APPLY FOR MENTAL HEALTH SERVICES, YOUR NEEDS MAY BE ADDRESSED IN A NUMBER OF WAYS:

- Mental Health Services will provide you with the information you need.
- If it is determined that there is an urgent need, Mental Health will provide crisis services.
- You will be scheduled for an assessment to determine if mental health services are appropriate and you qualify for mental health services.
- If your condition meets the criteria for treatment, you will be referred for mental health services provided by a County treatment program or a private provider under contract with the County.
- If you do not meet the criteria for treatment, you will be referred to other appropriate service providers or facilities.

to self or others, severely disoriented or out of touch with reality, has a severe inability to function such as suicidal thoughts, or is otherwise distraught or out of control.”⁵ The hotline operator typically transfers these calls to 911. A crisis “is a non-life threatening situation in which an individual is exhibiting extreme emotional disturbance or behavioral stress, considering harm to others or self, disoriented ...or unable to be calmed.”⁶ The caller will either self-identify as being in a crisis, such as having suicidal thoughts, or questioning by the hotline staff will lead to such a determination and what level of response is appropriate. It should be considered that the county, as well as other mental health service providers, are required to provide treatment at the least restrictive level of care.⁷ Resolutions of crisis hotline calls include calling and sending the Mobile Crisis Unit, calling 911 if some other emergency support is needed, or if the situation has sufficiently de-escalated, scheduling or referring the individual for an assessment.

Other types of calls received by both hotlines include seeking mental health assistance for the caller or someone they know, and the exchange of general mental health information. These types of calls may be sufficiently resolved by the hotline staff, thus needing no further action.

The Health Agency Hotline

The Health Agency hotline (1-800-838-1381) is staffed by the Department during regular business hours. Four licensed therapists of the Managed Care Unit answer these calls in shifts. The therapists are trained to identify pertinent details of the situation and do not use a script. These individuals are also responsible for conducting the in-person assessments which can be scheduled at the time of the call. For FY 2013-2014, there was an average of 205 calls per month to this phone line. The county anticipates that this number could rise due to new enrollees in Medi-Cal under the Affordable Care Act (ACA); in October 2014, there was a 12% increase from the prior year. After regular business hours the calls to the Health Agency hotline automatically roll to the nonprofit hotline operators and the response is more limited as noted below.

⁵ http://www.slocounty.ca.gov/health/mentalhealthservices/Mental_Health_Emergency_or_Crisis.htm. Examples include suicidal or homicidal thoughts, self-injury, severe drug or alcohol impairment, highly erratic or unusual behavior.

⁶ http://www.slocounty.ca.gov/health/mentalhealthservices/Mental_Health_Emergency_or_Crisis.htm.

⁷ Refers to intensity of treatment with education and prevention being the least intensive and inpatient care the most.

Transitions Mental Health Association Hotline's Limitation

The other number listed (1-800-783-0607) is operated by the nonprofit Transitions Mental Health Association (TMHA). TMHA contracts with the county to provide support for housing (homeless outreach), employment (placement services), family (advocacy and support groups) and community services (hotline). These calls are answered primarily by volunteers, with some backup by TMHA employees. The volunteer staff receives 40 hours of training and follows a detailed script book when questioning the caller. The script book is approved by an accrediting agency.

If it is established that the caller needs an appointment for an assessment, the TMHA hotline responders tell the caller to contact the county to set up an appointment. The main reason that TMHA cannot directly schedule the appointment with the county is the Health Insurance Portability and Accountability Act (HIPAA). One of the goals of HIPAA is to protect the confidentiality and security of a patient's healthcare information. In this situation, the county must consider the confidentiality of its patients' health information.

Other Access Points

The primary walk-in clinics for mental health services are located in Arroyo Grande, Atascadero and San Luis Obispo. The availability of immediate services is dependent on patient load. An advantage provided by the clinics is that the patient is on-site and has in-person contact with county staff. Also, if the individual is able to see a therapist or other professional that day, the risk of not keeping an appointment is reduced. The county also operates clinics in Paso Robles, Grover Beach, San Luis Obispo and Morro Bay that are primarily drug and alcohol centers but are also certified to provide mental health services.

The Department can be contacted by law enforcement, such as the county jail, various municipal police departments or sheriff's deputies. The Mobile Crisis Unit provides services in the field for such calls.

Emergency room or other medical professional referrals are usually due to suicide attempts or overdose situations. In these situations, medical professionals or hospital social workers typically call the county Psychiatric Health Facility (PHF) and the Mobile Crisis Unit responds.

MOBILE CRISIS UNIT

The county has contracted with the nonprofit Mobile Crisis Center, which operates the Mobile Crisis Unit, to provide mental health crisis intervention. The organization provides 24 hours per day face-to-face mobile crisis response. These contacts can be anywhere within the county, and can occur in a home, hospital, school, law enforcement agency, county clinics or anywhere else that a client might require its services. Approximately 70% of its cases are referrals from emergency rooms.

The Mobile Crisis Unit has a staff of 12 licensed therapists, including a full-time psychiatric nurse. Each must have at least two years of direct mental health experience. Two therapists are on-call at all times, and typically one person drives directly to the location of the client. The goal of the Mobile Crisis Unit is to provide immediate access to services and develop a positive initial relationship with the client.

Upon making contact with the client, the therapist makes an initial assessment that can take up to 45 minutes. The therapist determines whether outpatient care will be sufficient and if so, then an appointment will be set up at one of the county clinics. If the client needs inpatient care at the county's PHF, the Mobile Crisis Unit can transport the individual to the facility. The goal is for the client to enter such treatment voluntarily, possibly with coaching from the crisis team. If that is not possible, the Mobile Crisis Unit can apply for a 5150 involuntary hold⁸ which is a fairly immediate process. After the initial contact, the crisis team follows-up on all patients that are not admitted for in-patient care, usually within 48 hours. If an appointment is made for the client for further services with the county, it is the client's responsibility to keep it.

⁸ *Cal. Welfare and Institutions Code §5150* allows a qualified individual to place a client on an involuntary psychiatric hold for up to 72 hours.

The response and care provided by the Mobile Crisis Unit was stated to be very important and thorough by those interviewed. For FY 2013-2014, the crisis team had 1669 contacts, with 994 (60%) of these treated without requiring psychiatric hospitalization. Since the county is required to provide treatment at the least restrictive level, each emergency resolved without hospitalization is viewed as a positive outcome.

The county has contracted these services with the Mobile Crisis Unit since 1983. The current contract is for one year that began July 1, 2014. The Department recently posted a Request for Proposal, which is a solicitation for bids from interested organizations, for these contracted services.

PSYCHIATRIC HEALTH FACILITY

The PHF is an inpatient unit where individuals can be admitted for evaluation voluntarily, or involuntarily through a 5150 hold from a hospital, the jail or Mobile Crisis Unit. It is located in San Luis Obispo with a juvenile facility physically connected to the adult facility. Access for juvenile patients to the PHF is gained through a separate gated entrance. The juvenile must then be routed through the dining area of the facility which has been cleared of adult patients. Psychiatric staff is shared between the adult and juvenile facilities.⁹ Since psychiatric hospitalization is the highest level of care and most restrictive on personal rights, it is limited to situations where individuals are determined to be a danger to self or others or are gravely disabled due to a mental disorder. It is meant to stabilize the current acute episode, often through medication, social work and therapy. During FY 2013-2014 the PHF admitted 1248 patients.

The length of stay can be until the patient no longer meets the requirements for inpatient stay, usually three to five days with the average being 4.3 days for FY 2013-2014. Upon release from the PHF, a follow-up appointment within 7 days is scheduled at a county clinic; a majority of the patients become outpatient clients of the county. The readmission rate for the PHF for FY 2013-2014 was 10%, which was consistent with rates of readmission in Santa Barbara and Monterey Counties.

⁹ Juvenile patients require staffing ratio of 1:1. This prevents further sharing of staffing resources between the two facilities.

The PHF has a defined capacity of 16 adults with the average occupancy being 15 individuals. If the county is over-capacity at the PHF, the county must file an Unusual Occurrence Report and a Plan of Correction (POC) with the state. The POC must be approved by the state or the state can take further action, up to revocation of the operating license. To avoid such notification if at capacity, the county would need to discharge or transfer an individual before admitting another.¹⁰ Currently the county requires patients to remain either at the ER or with the Mobile Crisis Unit (which may involve being in a car with a therapist in the parking lot) until a bed is available.

Since there is no medical facility within the county that provides these services for an individual with private insurance or Medicare, the county refers them to hospitals in Kern or Ventura Counties to receive the appropriate level of care. The county also uses out-of-county hospitals for patients who are medically fragile, such as non-ambulatory, since the PHF can only serve individuals who have an outpatient level of physical health.¹¹

New Programs to Alleviate Census Pressures on the PHF

The Department is not presently planning to develop more capacity since the level of care provided is costly, approximately \$1500 per patient per day. Full reimbursement of this expense is not provided by the state through Medi-Cal and there is no reimbursement if the patient has Medicare or private insurance. Due to this, the county is exploring programs that could alleviate pressures on the PHF while also delivering cost savings to the Department.

One of these new programs is the Crisis Resolution Team the county initiated in 2014 using MHSA funds. The program seeks to briefly delay or avoid a transfer to the PHF as it might not be the best solution for the patient and could overburden the PHF, thus triggering notification to the state. This pilot program is with French and Sierra Vista Hospitals. The intent of the program is to hold the patient at the hospital until an appropriate transfer can be made either to the PHF (if not at capacity), an out-of-county hospital or some other community solution to

¹⁰ The county stated this is rare, occurring approximately three times per year.

¹¹ Approximately 350 individuals are transferred annually from the PHF to a facility outside the county. This includes those needing higher level of medical care than provided by the PHF, longer-term psychiatric care than the five-day stay, and Medicare and private insurance beneficiaries. A majority are adolescents who might receive better treatment resources than provided at the PHF.

ensure the patient's safety. Also, it plans to better educate the responsible attending individuals¹² about the appropriate use of a 5150 hold, detox or jail, so as to not routinely transfer the patient out of the hospital.

Some counties¹³ in the state have added a Crisis Stabilization Unit to bridge the gap between the relatively short intervention of the Mobile Crisis Unit and the inpatient hospitalization of the PHF. This unit provides outpatient services for adults with severe mental or behavioral illness in a crisis with the goal of stabilizing the patient on-site, thus avoiding psychiatric in-patient care. It is available for an individual up to 23 hours and provides an evaluation, food, shelter, an opportunity to sleep, collaboration on developing a plan, and possibly medications. These units are often available regardless of the level of the severity of illness and the insurance status of the patient. Such a unit would require staffing 24 hours per day. The county did not receive grant funds from the state for this project in 2014 but is seeking such within two years. The estimated cost of this unit is approximately \$900,000 to \$1,000,000 per year with limited Medi-Cal reimbursement. This program could increase the county's options to offer services at the least restrictive level.

ASSESSMENTS/FOLLOW-UPS

After the initial contact, the patient can schedule an assessment that is conducted by a licensed therapist. The assessment is standardized and uses factors such as a patient's health history, mental orientation, drug history, risks and safety concerns. The assessment with the patient takes approximately two hours and results in a diagnosis. After the assessment, the therapist prepares a report with initial recommendations. The case is assigned to Department staff and information is shared with the clinic site.

The state has no defined standards for the time period for gaining access for mental health services, but the county has a target of 14 days from initial contact to assessment for non-crisis situations. The actual time for an adult in the county is currently between 18 and 45 days, with the average being 26.9 days for the current FY through February 2015. Additionally, the wait

¹² This includes E.R. staff such as doctors and hospital social workers.

¹³ http://www.dhcs.ca.gov/provgovpart/Documents/LPS-Outpatient_CSU_02122015.pdf. This includes Santa Cruz, Merced, Fresno, Marin and Sonoma Counties.

for an appointment for treatment after the assessment can be up to 14 days. However, the level of severity of the mental health issue can shorten this waiting period.

Once the appointment for the assessment is established, there is no further outreach by the county to the client. Of the adult clients who contact the county and are initially deemed non-crisis, 25-33%¹⁴ do not appear for their assessment or subsequent appointments. If a client misses several appointments, the individual might revert to the beginning of the intake process.

The Department attributes much of the delay to a shortage of qualified licensed professionals, such as therapists, psychiatrists and psychiatric nurse practitioners willing to work within the county's pay structure. This shortage also means that clients will not consistently be seen by the same professional throughout their ongoing treatment. Psychiatrists, who provide psychiatric assessments and medication management to the severely mentally ill or emotionally disturbed, are particularly hard to recruit. The county has to compete with Atascadero State Hospital and California Men's Colony which pay more. The San Luis Obispo County Board of Supervisors approved an increase in salary for county psychiatrists as a means to competitively recruit and retain qualified professionals. This assisted with the hiring of two full-time psychiatrists. Since bonuses are not permissible, county human resources is considering other recruiting tools such as student loan assumption or repayment programs¹⁵.

The county also has contracts with agencies to fill vacancies by providing temporary psychiatric professional placement. The Board of Supervisors approved renewals with the agencies for such personnel in June 2014 for 63% less than the prior year's authorization due to the successful recruitment of the two psychiatrists. The Department is also looking at alternatives that will aid the psychiatric staff such as hiring more nurse practitioners and exploring options of telepsychiatry¹⁶ and pooling resources with other counties.

¹⁴ Rate fluctuates by season with summer having the highest rate of no-shows.

¹⁵ These are state and federal programs available for designated medical shortage areas. The county is reapplying for this status.

¹⁶ Delivery of psychiatric assessment through telecommunications equipment, such as videoconferencing.

CONCLUSIONS

The Behavioral Health Department has the responsibility to provide mental and behavioral health services in San Luis Obispo County. All people interviewed, especially those in their positions for a long period of time, believe the county has instituted best practices and is very good at providing mental health services. These same individuals also recognize mental health services in the county could be improved. One of the challenges facing this county is the geographic distances that individuals may travel to provide or receive treatment. This especially impacts a department with a limited therapeutic staff.

The Grand Jury found two hotlines to be problematic as the county website lists both. The description of which number to call is duplicative and interchangeable, and therefore confusing. The Grand Jury is unsure of the reason for listing the two hotlines on the county website, nor why one hotline could not be staffed in conjunction with the county and TMHA. Also, the fact the team at TMHA which receives the call cannot set an appointment seems to be a lost opportunity to help someone who may need it. While recognizing the importance of a patient's medical records' confidentiality, the county could investigate whether there were a system that would allow TMHA volunteers to schedule an appointment with the county, or at least place the burden on the county to contact the individual to schedule such an appointment.

The wait time for an assessment or further appointment was cited by the Department as the most concerning statistic, and local nonprofits were not surprised by the length of these delays. The Grand Jury is concerned that someone deemed to not be in a crisis or brought down from a crisis on day zero might not have an assessment for the underlying problem for up to 45 days, and then may wait an additional 14 days for a follow-up appointment for care. Within those 60 days a person's condition could escalate to a major mental health event leaving the county responsible to provide a potentially higher level of care. In a document submitted to the Board of Supervisors, the Department acknowledged "[i]ncreased wait time for psychiatric assessments and proper treatment increases risk of adverse outcomes¹⁷". Even though the state does not have a defined standard for this wait time, the county should meet its target goal of 14 days.

¹⁷ Addendum to Item 14, SLO Board of Supervisors Agenda June 17, 2014.

Since the delays are due to caseloads, the county will need more professional staff to adequately handle new and on-going clients. If recruiting and retaining psychiatrists remains difficult, the county should expand the use of psychiatric nurse practitioners, or physician's assistants if appropriate, to alleviate the burden. Another option that can aid the county's staff is evolving technology, such as the use of telepsychiatry. The higher pay rate for psychiatrists approved by the Board of Supervisors should assist with retaining qualified professionals. Since many of the management staff within the Department are licensed therapists, these individuals should absorb some caseload by handling a few cases when the therapeutic staff is overly burdened. This would also expose management to the current demands experienced by its therapeutic staff in the field.

The Grand Jury emphasizes the importance of the PHF and accepts the consensus that the capacity of the PHF is adequate at 16 beds. However, the Grand Jury is concerned about the burden on this facility as the county's population continues to grow. The county should explore whether to continue to use the PHF for both adult and juvenile populations. Since the Department does not want to exceed the census of the PHF, a Crisis Stabilization Unit might alleviate some of the burden on the PHF. With the expense of inpatient care, such a facility might provide cost savings to the county by diverting inpatient care.

FINDINGS

F1. The county website lists two different toll-free phone numbers for the county mental health hotline with no clear differentiation of the services offered. Both are available 24 hours every day.

F2. One hotline number is operated by Department employees during business hours who can schedule appointments for an assessment. After regular hours, this hotline automatically transfers to Transitions Mental Health Association.

F3. The second hotline number is operated by Transitions Mental Health Association volunteers. While this staff is trained to handle mental health issues, such as suicide, the volunteers are unable to schedule appointments for an assessment due to medical records privacy concerns.

F4. The Mobile Crisis Unit is a substantial safety net with great responsibility since it serves the entire county and establishes the initial face-to-face contact by a licensed mental health professional for those in crisis.

F5. The 16-person capacity Psychiatric Health Facility is the only facility in the county for in-patient psychiatric treatment with an average census of 15 patients that stay for an average of 4.3 days. The county has no plan to increase capacity.

F6. If the Psychiatric Health Facility is above capacity, the state is notified and the county must file a Plan of Correction. This must be approved by the state or the state can take corrective action, up to revocation of the operating license.

F7. The Psychiatric Health Facility also houses juveniles who enter the facility through a separate entrance, walk through the common area that has been cleared of adult patients, and receive care separately from the adult population.

F8. A Crisis Stabilization Unit can temporarily shelter an individual in crisis up to 23 hours which is often sufficient time to prevent a more severe crisis, potentially alleviating some burden on the Psychiatric Health Facility.

F9. After initial contact, the time to receive an assessment can be up to 45 days, with the average being 26.9 days. This exceeds the county's target of 14 days by nearly 100%.

F10. There is an approximate 30% failure to appear rate for scheduled appointments. There is no procedure to ensure clients follow through on their intended appointment, such as call reminders, personal contact or inquiry into availability of transportation.

F11. It is challenging for the county and local nonprofits to find sufficiently qualified individuals to staff various licensed positions for mental health services.

RECOMMENDATIONS

R1. List one toll-free number for hotline access to all mental health services on the county website.

R2. Establish a system to allow both the county and Transitions Mental Health Association staff and volunteers to schedule appointments while maintaining HIPAA confidentiality requirements.

R3. If a solution is not developed to allow Transitions Mental Health Association's volunteers to make the appointment, the county should contact the caller within the next business day to schedule.

R4. Reconfigure the juvenile entrance to the PHF so that adult patients do not need to be cleared when a juvenile is admitted. Alternatively, separate the juvenile population to a separate site away from the adult population of the PHF.

R5. A Crisis Stabilization Unit should be established to handle those in crisis for up to 23 hours, which could alleviate some of the capacity pressure at the PHF and save the county money if diversion from the PHF is achieved.

R6. To decrease wait time for patients and potentially handle greater caseloads, the county should increase psychiatric support staff, such as psychiatric nurse practitioners, physician assistants and therapists.

R7. If psychiatric positions continue to be difficult to staff, the county should implement options to improve recruitment such as student loan repayment programs and use of telepsychiatry.

R8. The county, whether by clinic staff, interns, temporary or part-time employees, should institute contact with those clients awaiting appointments to decrease the number of no-shows who prevent the scheduling of another client. This could also determine if the severity of the individual's condition has improved/stabilized/worsened and if the client has transportation.

REQUIRED RESPONSES

The San Luis Obispo County Health Agency shall respond to Findings 1-11 and Recommendations 1-8.

The San Luis Obispo County Board of Supervisors shall respond to Findings 1- 11 and Recommendations 1-8.

The responses shall be submitted to the presiding judge of the San Luis Obispo County Superior Court. Please provide a paper copy and an electronic version of all responses to the Grand Jury.

Presiding Judge	Grand Jury
Presiding Judge Dodie Harman Superior Court of California 1035 Palm Street, Room 355 San Luis Obispo, CA 93408-1000	San Luis Obispo County Grand Jury P.O. Box 4910 San Luis Obispo, CA 93403-4910 GrandJury@co.slo.ca.us