

Milestones for Improving Crisis Mental Health System

Status: October 29, 2015

Managing Flow Through MHTC To Increase Patient Access to CSU

(Note: MHTC 50 beds is running at 98% capacity (49 beds almost every day). Existing PHFs are running at 95-100 per cent capacity)

1. Greater crisis residential capacity to discharge patients from MHTC

- a. Rio Linda facility (15 beds); anticipating January 31, 2016
- b. SB82 facilities (45 beds total)
 - i. County to release RFP for contracts November 6, 2015
 - ii. Proposals due – 30 days later (December 18, 2015)
 - iii. Recommended awards (January 27, 2016)
 - iv. Protest period – 2 weeks (February 10, 2016)
 - v. Announcement of recommended awards (February 15, 2016)
 - vi. Community outreach period ~3 weeks (early March 2016)
 - vii. Present contracts to Board of Supervisors 3-4 weeks following outreach period (early April 2016)
 - viii. Anticipated ramp up and opening period (no land use permitting needed) 3-6 months (July – October 2016)
 - ix. Anticipated land use process (if needed) 3-6 months (July – October 2016)
 1. Ramp up and opening period following permits 3-6 months (October 2016 – spring 2017)

2. Greater PHF capacity to place patients instead of EDs or MHTC

- a. Sub-acute beds contracts (20 beds) approved this week-contract work in progress; anticipate 5 beds by December 2015 and incremental increase in first quarter 2016
- b. Heritage Oaks (16 beds) – working through building permitting process; targeting Spring 2016
- c. 2nd PHF

3. Managing “surge” at MHTC to move patients reaching 23 hours to other placements

- a. Surge capacity agreement – pending agreement among psych hospitals.
- b. Surge capacity agreement –critical path includes adoption of Medical Clearance protocol by all hospital systems.

4. Find alternative placements for misdemeanants (1370 misdemeanors) to increase intake capacity at MHTC (7-8 slots opened for intake)

- a. MOU expected to come to BOS by January 2016
- b. Project start of placement March-April 2016 pending ramp-up of RCCC staffing
- c. May be challenged in court

5. Urgent Care Clinic/Innovation Project will achieve afterhours alternative to ERs, CSU and adds new level of care for community.

- a. Approved by MHSA Steering Committee in October, 2015.

- b. Will be part of MHSA annual plan update. Requires approval of this plan by BOS before taking to Oversight and Accountability Commission.
- c. Vetted with OAC staff and work underway. Target date: unknown at this time.

6. Allow law enforcement/EMS drop-off of patients (diverting from EDs)

- a. Must be medically cleared in order to be served at CSU
- b. Pending hospital agreement on medical clearance protocols
- c. Phased in approach with mobile teams, MH navigators, Full Service Partnerships given direct access first.- Already operationalized

Other Components to Reducing Use of Emergency Departments

1. Mobile Crisis Teams

- a. Operational May 2015
- b. Diverting 208 of 251 total encounters to services and non-hospital placement in the field
- c. Diverting 17 of 43 5150 holds to MHTC

2. Law Enforcement Consultation Hotline

- a. Workgroup with LE within month to test out
- b. Pilot December 2015

3. Mental Health Navigators (SB82)

- Operational in phases
- Loaves & Fishes/Genesis – 2 Peer Navigators (Operational August 2015 Monday – Friday 6-3)
- Main Jail Booking & Release – 3 Triage Navigators (7 days per week 16 hours per day, 8am -4:30 & 6pm – 2:30 am – Operational October 2015, staff are on-site)
- Sutter General – 1 Triage Navigator (Tuesday – Saturday 9:00 – 6:00) Operational October 2015 -staff are on-site
- UC Davis – 1 Triage Navigator (Tuesday – Saturday 9:00 – 6:00) Operational October 2015 staff are on site
- Mercy General – 1 Triage Navigator (Monday – Friday 9:00 – 6:00) Operational in November 2015
- Mercy Folsom – 1 Peer Navigator (Monday & Tuesday 9:00 – 6:00) Operational in November 2015
- Kaiser North & South – Awaiting Kaiser's response
- Mobile Navigators (Provide post ED and release from jail follow up and transportation assistance to appointments if needed). – 2 are hired and the provider is in process of hiring the remaining 2 staff.

4. MHSA General System Development and Full Service Partnership Expansion

- a. 150 new spaces created in intensive service FSPs for adults-Completed and operational.
- b. Community Care Team expansion at RSTs – Completed and operational.
- c. Multiple initiatives underway to create additional rental assistance spaces and expanded homeless mental health service capacity.
- d. Other capacity/timeliness in progress.

5. MHTC Hiring to staff up for CSU

- a. 22 new hires in different disciplines
- b. 13 conditional offers
- c. Significant challenges in finding appropriate applicant pool for licensed clinicians and nursing staff. Work continues
- d. 2.5 FTEs psychiatry staff (through the UCD affiliation agreement) are also budgeted for CSU expansion with recruitment efforts needing to commence