TIMELINE OF IMPROVEMENTS TO THE SACRAMENTO COUNTY MENTAL HEALTH SYSTEM

EXECUTIVE COMMUNICATION

CRISIS UNFOLDS

Prior to 2009, the primary access point for psychiatric emergencies for Sacramento County’s 1.46 million population was the Sacramento County Mental Health Treatment Center (MHTC). The MHTC also served as the main entry point into post-crisis treatment options.

The State of California revoked Sacramento County’s license to operate the Crisis Stabilization Unit (CSU) in 2009 due to practice violations brought on by severe budget reductions. The CSU was immediately closed to law enforcement, emergency medical services, and walk-ins for those experiencing crisis. At the same time, the County significantly limited the number of hours per day a child or adolescent could access crisis stabilization services.

Within days of these actions, law enforcement began dropping off individuals, whose sole need was for psychiatric assessment and stabilization, into area Emergency Departments (EDs) across the County. These changes created a new paradigm for area EDs, which had previously provided psychiatric care only to patients who were also in need of medical treatment. Overnight, EDs faced a flood of patients in psychiatric crisis unrelated to treatment for physical health issues. The four not-for-profit health care systems – Dignity Health, Kaiser Permanente, Sutter Health, and UC Davis Health System – immediately responded by increasing staffing, retraining providers in psychiatric emergency care and coordinating post-ED discharge mental health care and planning. Despite the efforts made by the health care systems, negative impacts on their EDs included unsafe working conditions for medical personnel; longer wait times for all individuals seeking care; extended wait times for law enforcement; and reduced availability of regional emergency medical service (EMS) providers who, by law, must accompany patients in crisis until stabilized. These impacts resulted in less-than-optimal care options for those experiencing mental health crisis. Exacerbating the situation, only twelve crisis residential beds were available in the County and many of these beds were frequently filled by forensic hold or out-of-county patients. EDs had few options for discharging patients to appropriate locations for community mental health care.

Patient loads steadily increased year-over-year, and length of stays ranged from hours to days and, in some cases, even weeks. When the opportunity to expand capacity of mental health facilities became available through SB-82 grant funding, Sacramento County was reluctant to apply due to lack of available budget required for ongoing facility operations.

Appeals to create a more effective, patient-centered system of care from the individual health care systems proved unsuccessful, despite frequent talks between health leaders and the County between 2009 and 2014. By 2014 individuals in need of crisis stabilization services were being dropped off at area EDs at a rate of nearly 1,400 per month. The continuing crisis in mental health services was documented in a Grand Jury report in 2015.
MENTAL HEALTH IMPROVEMENT COALITION FORMED

In the fall of 2014 the four health care systems, Dignity Health, Kaiser Permanente, Sutter Health, and UC Davis Health System, retained Valley Vision to build a broad-based coalition and engage the County in multi-party talks to achieve a patient-centered solution. In addition to the health care systems, the Sierra Health Foundation, the Sierra Sacramento Valley Medical Society, the Hospital Council of Northern and Central California, and Sacramento Metro Fire formed the Mental Health Improvement Coalition (MHIC).

Under the leadership of Dr. John Boyd, PsyD, of Sutter Health, the existing system of care was analyzed, compared to county care systems in California’s other 57 counties, including staffing levels, treatment approaches, and applicable best practices.

After local consultations with health experts and care professionals over many weeks, a set of County system requirements emerged, together with a seven-point action plan to dramatically improve patient-centered care.

MULTI-PARTY TALKS BEGIN IN EARLY 2015

After a pointed letter was sent to the County leadership from regional health care system CEOs calling for immediate action, the MHIC, led by Valley Vision, convened a series of meetings between the County’s political, executive office, and health department leadership and members of the Coalition to open lines of communication, improve trust, and establish a shared agenda for action. These meetings continue to the present day.

PREFERRED DESIGN EMERGES

(1) Strengthen the existing Sacramento County Treatment Center CSU to function similar to other CSU’s in California. Complement with an additional CSU that includes a behavioral health urgent care center open 24/7 to law enforcement, EMS drop-offs and walk-ins, strategically located in Sacramento County.

(2) Immediately suspend all actions that reduce inpatient beds in the County until a more comprehensive examination of mental health service delivery is conducted.

(3) Expand minor emergency response team (MERT) services for children and adolescents to 24/7 and educate the community about how and where to access these services.

(4) Continue the focus on strengthening the outpatient continuum of care, including preventative, early intervention and exploring additional opportunities for capacity within existing federally qualified health centers (FQHC’s).

(5) Continue to support the expansion of crisis residential beds within Sacramento County.

(6) Establish a Sacramento County Behavioral Health Key Stakeholder Committee to review all ED data, including Sacramento County Mental Health Treatment data, to facilitate community-based problem solving. Use as a forum to explore future grant opportunities.

(7) Consider amending State law to update the definition of crisis stabilization from less than 24 hours to less than 48 or 72
In February 2015, the MHIC, led by Valley Vision, organized a best-practices study mission to facilities in the counties of Alameda, San Francisco, and Los Angeles. Nearly 30 stakeholders from the County and the Coalition meet with behavioral health leaders witnessed effective practices first-hand.

NEW PUBLIC-PRIVATE PARTNERSHIP YIELDS TANGIBLE RESULTS...

Through candid communication, regular meetings, and a shared commitment to patient-centered action, trust and communications has improved.

County Supervisors adopted a $28 million budget augmentation for additional County staff and heightened behavioral health services in the 2015-16 budget by two, 5-0 votes.

Spurred by these talks, the County applied for and won a $5.7 million state grant for 45 additional crisis residential beds which are coming online by 2017.

A $12 million state grant was recently awarded to the County in order to implement a mental health crisis/urgent care clinic.

The “forensic holds” process has been streamlined to increase patient bed capacity and flow, and a new law enforcement hotline was launched.

Planned crisis residential facility growth is now coming online and the deployment of additional mobile crisis teams are improving care options.

...BUT THESE INVESTMENTS WILL TAKE TIME TO TRANSLATE INTO IMPROVED CARE

Access for law enforcement drop-offs to the Mental Health Treatment Center is slated for the first quarter of 2017 at the soonest. Other impacted populations are slated to follow. Three new crisis residential facilities are in the pipeline, but are not expected to be operational until late 2016 at the earliest.

Meanwhile, for the past eight years, area EDs have not experienced any decline in the number of psychiatric patients in crisis seeking care. Rather, the number has increased. Families and patients continue to suffer from a critical shortage of treatment options as they move from crisis to stabilization, improved health, and a return to a better life for themselves and their families.

ENTERING NEW PHASE OF THE EFFORT

It will take several more months to realize the tangible benefits from the early wins and significant new investments that are now supporting the rebuilding of the system of care in Sacramento County. Maintaining these investments during the next budget cycle, monitoring progress and keeping lines of communication open between the County and amongst the community of stakeholders is vital.
To build on our initial progress and maintain momentum on the original seven-pronged agenda, the health partners will focus in the following areas over the next several quarters:

**MOVING FORWARD:**

1. Seek local community backing for the three new crisis residential facilities coming online in the months ahead.
2. Support the deployment of current and new mobile crisis teams, expanding their capacity and geographic coverage to provide effective, cost-efficient care options to those experiencing crisis, working closely with law enforcement.
3. Support the development of the new County urgent care center and related services.
4. Continue private efforts by health providers to create a region-wide solution that delivers mental health crisis services in a campus-like setting with wrap-around services.
5. Continue to serve as a catalyst to share information, best practices, opportunities for partnership, and to coordinate action that improves the system of behavioral healthcare in the County.

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1 MHTC patient counts were far in excess of the facility capacity and license levels for an extended period.
2 Investment in Mental Health Wellness Act of 2013 (SB-82).