

NAPA COUNTY  
RESPONSE TO THE GRAND JURY REPORT  
“MENTAL HEALTH CRISIS SERVICES IN NAPA COUNTY”

June 21, 2023

Introduction

The Report of the 2022-2023 Napa County Grand Jury, “Mental Health Crisis Services in Napa County,” sets forth nine findings and eight recommendations directed to the Napa County Health and Human Services Agency (HHS). This response aims to respond to those findings and recommendations, and further explain the broader ecosystem that comprise the County’s crisis services continuum of care and the many partnerships and initiatives already underway at HHS directed at enhancing those services.

Findings

**Finding 1.** The mental health crisis needs of Napa County are not being fully met, despite the existence of the CSU and Mobile Response Team and the efforts of their teams.

The Director of Health and Human Services Agency agrees with this finding. The mental health needs throughout the community, including the increased need for crisis services have escalated given factors associated with the Covid-19 pandemic. The challenges faced by community members, especially youth, were exacerbated by social isolation heightened by remote learning and pandemic related uncertainty. In understanding this, after months of planning, in February 2022, HHS launched the Mobile Response Team (MRT) to provide community-based crisis intervention for community members of all ages. The Director acknowledges there is a statewide workforce shortage of mental health clinicians and those workforce challenges have included Napa County and impact the MRT. HHS has engaged in continuous recruitments for these positions and strived to bring staff on as quickly as possible to fully staff the MRT.

The Director acknowledges there is more to do – and that work is already underway – to meet the increased mental health crisis needs of the community and using community feedback, utilization rates and integrated data we remain focused on scaling solutions that keep people stabilized in the least restrictive environment. First, while staffing is fluid, as of the submission of this response on July 17, 2023, the MRT positions are filled and the hours of coverage are Monday through Friday, 8am to 5 pm. With the provision of staffing in place, over the next several months, the next phase of planned MRT expansion can be implemented with the goal of MRT coverage hours extending to 10 pm and including weekends. The anticipated expansion is targeted for the end of October 2023.

Second, by December 31, 2023, through a contracted provider, HHS is committed to launching expanded mobile response services to cover 24/7, 365 days a year. HHS issued a Request for Proposals earlier this Spring and is now in contract negotiations with Crestwood

Behavioral Health; notably, Crestwood is the provider operating the CSU and this expansion will help bolster and optimize our continuum of crisis care. These services will remain community-based, including response to local emergency department (ED) to assist in alleviating concerns associated with crisis needs during afterhours and weekend response.

Third, after an arduous application process that started in mid-2022, in June of this year, HHSA received notification of a conditional award from the Department of Health Care Services (DHCS) for approximately \$3.3M to expand the CSU by creating a separate children's stabilization unit within the CSU, creating four additional crisis beds.

Lastly, it is important to understand that meeting mental health crisis needs extends beyond the CSU and MRT cited to in this finding. While the focus of this has been directed specifically at two services, HHSA, through its Behavioral Health Division, provides a full continuum of crisis management services including through mental health clinicians embedded with law enforcement staff who provide community-based field response, our crisis residential services provided through a contracted provider, Progress Foundation, and through the provision and management of psychiatric hospital placements and Institutions for Mental Diseases (IMDs) placements.

The Board of Supervisors agrees with the director.

**Finding 2.** The CSU's capacity constraints and exclusionary policies limit the CSU's ability to treat all individuals in need of mental health crisis services.

The Director of Health and Human Services Agency partially agrees with this finding. The CSU is operated by a County contracted provider, Crestwood Behavioral Health. Contracted providers set protocols and policies in alignment with overarching guidelines and practices set forth through Department of Health Care Services (DHCS) Licensing division with contractor oversight by HHSA's Behavioral Health Division. All CSU operate with specific exclusionary criteria for safety and precautionary reasons. The admission and exclusionary criteria are standardized and are designed by licensed physicians in conjunction with contracted provider leadership staff and set in accordance CSU policies across like-operated sites.

Exclusionary criteria are important since, as the Grand Jury report notes, the CSU is not a medical facility, and, as such, it is not a facility designed or equipped to support medical needs; that is, it is not a hospital. Thus, people in need of medical support or stabilization, such as acute intoxication or chronic obstructive pulmonary disease (COPD), as examples, cannot be adequately and safely treated in a CSU. In addition, certain conditions requiring medical assisted devices, such as sleep apnea or ambulatory needs, including walkers, cannot be managed in the CSU given safety concerns around use of medical devices as weapons or ligature risk. It is important to remember that a CSU is a place where individuals, for a period of less than 24 hours, experiencing a mental health crisis receive stabilizing services. This includes individuals deemed a danger to themselves or others. HHSA regularly reviews exclusionary criteria with our contracted provider, our local emergency department's clinical staff, and law enforcement partners, and we work in partnership on the exclusionary criteria and in ensuring

care is coordinated for those who cannot be safely treated in the CSU.

The Board of Supervisors partly agrees with the director.

**Finding 3.** The CSU capacity to treat individuals in mental health crises is reduced by clients being treated that more appropriately need detox services.

The Director of Health and Human Services Agency partially agrees with this finding. At times it is difficult in assessment processes to deduce whether an individual is experiencing acute mental health symptoms or substance use (intoxication) related symptoms. It is also true that this challenge has been enhanced by the temporary unavailability of the in-county withdrawal management treatment facility. HHSa immediately issued a Request for Proposals and has been working diligently with our newly selected treatment provider to bring their contract to the Board of Supervisors for approval, while the provider concurrently has submitted their request for licensure to the Department of Health Care Services (DHCS). HHSa is working to ensure our new provider is operational as quickly to provide withdrawal management services and upon the provider being licensed by DHCS to do so. HHSa is also continuing to work in partnership with law enforcement, our local emergency department, our CSU provider, and ultimately with our new withdrawal management/residential treatment provider to ensure appropriate workflows exist for individuals to get to the right level of care at the right time and withdrawal management services to be readily accessible. HHSa will continue utilizing our quarterly provider meeting as the forum for designing functional workflows and warm hands-offs to ensure individuals receive the appropriate level of care.

The Board of Supervisors partly agrees with the director.

**Finding 4.** Individuals in mental health crises on a 5150 hold who cannot get into the CSU are usually diverted to the Emergency Department of the Queen of the Valley Medical Center which is not staffed or designed to provide comprehensive mental health crisis treatment.

The Director of Health and Human Services Agency agrees with this finding. When counties experience mental health crisis treatment that temporarily exceeds the capacity of a CSU, community members in need of psychiatric support typically receive treatment at the closest, local emergency department. The range of treatment available at local emergency departments vary depending upon the specialized services provided by that hospital. Here in Napa, it is true that QVMC has not opted to provide comprehensive mental health crisis treatment. However, all hospitals are legally required to provide emergency medical care and it is important that individuals in need of emergency care, including mental health care when they are at risk of self-harm, can obtain services in our community. Emergency departments are equipped with social workers, licensed physicians and other providers who are trained and capable of providing stabilization services, in addition to medication.

Finally, as noted previously, HHSa is pursuing an expansion of the CSU and received notification of a conditional award from the Department of Health Care Services (DHCS) for

approximately \$3.3M to expand the CSU by creating a separate children's stabilization unit within the CSU, creating four additional crisis beds. Once the expansion is completed, the capacity of the CSU will be increased from 8 crisis beds to a total of 12. It is anticipated that this 50% expansion (to capacity levels of counties with much larger populations) will minimize the instances where the CSU is at capacity.

The Board of Supervisors agrees with the director.

**Finding 5.** Individuals in mental health crises who are diverted to the Emergency Department of the Queen of the Valley Medical Center reduce the hospital's capacity to treat medical emergencies.

The Director of Health and Human Services Agency partially agrees with this finding. Like any facility or unit, emergency departments operate with a given number of available beds, and thus an individual experiencing a mental health emergency might be utilizing a bed. However, a mental health or psychiatric emergency is nevertheless a medical emergency. Mental health is a part of health, and providers, agencies, organizations, families, and individuals work hard to reduce the stigma associated with mental illness and the occurrence of a mental health crisis. The unintended consequence of characterizing mental health as something other than a medical condition is that it has a stigmatizing effect when mental health care should be placed on equal footing by all health care providers.

That said, HHS remains committed to expanding the crisis continuum and ensuring individuals receive the right level of services, in the right place at the right time, and in the most compassionate and respectful manner possible. While the emergency room might not appear to be the best place for someone in mental health crisis to receive treatment, it remains the right place within the right context and circumstances since ensuring life-saving care is provided is paramount to all health care providers.

The Director also incorporates by reference the above response to Finding 4.

The Board of Supervisors partly agrees with the director.

**Finding 6.** Individuals in a mental health crisis often also have substance abuse, medical, and/or homelessness issues. County services to meet these needs are fragmented resulting in individuals often not getting the services they need.

The Director of Health and Human Services Agency disagrees with this finding. It is true that individuals experiencing a mental health crisis may have been impacted by social, economic, and environmental factors over the course of their lifetimes bringing them to experience multiple concurrent life challenges. As noted previously, the stigma (still) associated with mental illness provides everyone with the opportunity to positively influence our community by removing judgment or shame and embracing parity, thereby increasing the likelihood that individuals will engage in wellness and recovery at the earliest possible point. There are many challenges in treatment of individuals with complex needs, both within and outside the realm

of behavioral healthcare.

HHSA works closely with other health and social services providers, including through its vast network of contracted providers, other County departments, and other health care providers in the County, to collectively meet the needs of individuals in our community. In fact, County staff routinely come together in multi-disciplinary teams to collectively strategize to meet the complex needs of our shared clients; HHSA staff work with the Housing and Homeless Services Division of the County and the coordinated entry system to prioritize clients for housing; HHSA has two staff who are board members on the Continuum of Care; HHSA developed and implemented a universal release of information in early 2021 to promote information sharing for care coordination; and, as of 2023, HHSA enrolled with our managed care plan to become an Enhanced Care Management provider in order to provide an additional set of service focused exclusively on ensuring linkage to a wide array of services, including services not provided by the County. Finally, HHSA has worked with many County departments to pursue a shared goal of a master data system that can link our service and client data so that systems support the provision of care in an increasingly holistic and integrated fashion.

The Board of Supervisors disagrees with the director.

**Finding 7.** The Mobile Response Team is often unavailable for mental health crises that occur outside normal business hours, resulting in the overuse of law enforcement, the CSU, and the Queen of the Valley Medical Center Emergency Department.

The Director of Health and Human Services Agency partially agrees with this finding. As noted previously, the MRT currently operates during normal business hours of Monday-Friday from 8am-5pm. HHSA also contracts with CSU for afterhours and weekend response needs. As mentioned before, now that HHSA has finally reached staffing capacity, we anticipate being able to reach our goal since the program's inception in early 2022 of expanding MRT hours by the end of October 2023. HHSA is also in the process of negotiating a new contract for afterhours and weekend expanded mobile response services, thus covering 24/7 365 days a year, by December 31, 2023. This expanded contracted service will include community-based responses, including local emergency department response. It is worth noting that California is facing an unprecedented behavioral health workforce shortage, which has made expansion of MRT challenging despite its steadfast prioritization by HHSA.

The Director also incorporates the above responses to Finding 1, 4, and 5.

The Board of Supervisors partly agrees with the director.

**Finding 8.** Data on mental health crises in Napa County made available to the Jury was fragmented and incomplete.

The Director of Health and Human Services Agency agrees with this finding. Data collection has been hindered with our prior electronic health record that was utilized by HHSA for the

past 14 years as the platform for documenting and billing behavioral health services. After issuing a Request for Proposals in 2022, selecting a new vendor, engaging in contract negotiations, and embarking upon an implementation plan, as of July 1, 2023, HHSA transitioned to a new electronic health record called "Credible." HHSA, in collaboration with a contracted provider, is prioritizing data collection, evaluation, and reporting requirements. Our goal is to align our internal and external data collection processes and prioritize the use of data in our decision-making focusing on system efficacy.

The Board of Supervisors agrees with the director.

**Finding 9.** The Crestwood contract is not an accurate representation of the duties being performed, and the performance outcome metrics don't align with the reporting required by the funding grant.

The Director of Health and Human Services Agency partially agrees with this finding. HHSA proactively monitors contract providers to ensure performance metrics and reporting requirements are met. Contracts for the provision of mental health services are reviewed annually and, where appropriate, revisions are made with a goal of continuous quality improvement and oversight through the provision of data. For context, the CSU which opened in 2017, was originally operationalized in part from funding through a grant secured by the California Health Facilities Financing Authority (CHFFA). A requirement of that grant funding includes ongoing annual reporting by HHSA, including providing data on performance, demographics, and community impacts. The reporting requirements are contractual obligations and our contracted provider, Crestwood Behavioral Health, provides our Behavioral Health Division with quarterly and annual data reports. In addition, our CSU works collaboratively with our community providers and shares summary demographic and other data regarding discharges in the previously referenced provider meetings to help ensure accountability and transparency in patient flow.

Finally, the recently approved Fiscal Year 2023-2024 contract with our CSU provider, Crestwood Behavioral Health, reflects a better-defined scope of work, adjustments to performance metrics, and formalizes additional data collection and reporting. HHSA's Behavioral Health Division will continue to actively perform contract monitoring and collaborate on data needs.

The Board of Supervisors partly agrees with the director.

### **Recommendations**

**Recommendation 1.** By December 1, 2023, HHS quantify the needed additional mental health crisis beds to meet the County's mental health crisis needs and implement a plan to secure them.

*Director of Health and Human Services Agency Response:* This recommendation has been

implemented. The Director of Health and Human Services Agency agrees with this recommendation. In fact, this number has already been quantified as part of the previously explained CSU expansion project that HHSA initiated in late 2021 and early 2022. The data evaluation showed that with an additional 2 adult beds and 2 children's beds the County would meet the increased need. The evaluation process included analyzing past and current CSU diversion data, population demographics, current CSU census demands, the extent to which this level of care is made available through local hospitals, and psychiatric hospitalization placement utilization. As explained in prior sections of this response, after an arduous application process that started in mid-2022, in June of this year, HHSA received notification of a conditional grant award from the Department of Health Care Services (DHCS) for approximately \$3.3M to expand the CSU by creating a separate children's stabilization unit within the CSU, resulting in a net increase of four additional crisis beds. It should be noted that when this expansion is completed, and the CSU has 12 beds, it will have the same number of beds as neighboring counties with over twice the population. This process was coupled with information sponsored in a report by DHCS titled, "Assessing the Continuum of Care for Behavioral Health Services in California: Data, Stakeholder Perspectives and Implications." This information was critical to understanding identified needs and both county and state-wide system capacity.

*Board of Supervisors Response:* The Board of Supervisors agrees with the Director of Health and Human Services Agency.

**Recommendation 2.** By December 1, 2023, HHS establish a capability for individuals in need of detox to be directly treated at a detox facility and not the CSU.

*Director of Health and Human Services Agency Response:* The recommendation has not yet been implemented. The Director of Health and Human Services Agency agrees with this recommendation. HHSA experienced an unexpected loss of our withdrawal management and residential substance use disorder provider in March 2023. In April 2023, HHSA expedited issuance of a Request for Proposals, resulting in the selection of a new vendor to operate the County's Drug Medi-Cal Organized Delivery System (DMC-ODS) withdraw management and residential substance use disorder treatment provider and with the goal of having the contract in place by the end of August 2023. Concurrently, the selected provider has already submitted its request for licensure to DHCS which is necessary step to legally operate and open this treatment facility. The new provider will be working closely with HHSA's Behavioral Health Division on workflows and pathways for entry directly into withdrawal management beds. In addition, HHSA already identified and is exploring software that can assist in the creation of a live updated daily bed census for internal staff, contracted providers, and hospital partners to understand real-time bed capacity and direct bed admissions and warm hand-offs. It is critical that data collection and reporting be automated using software that provides our system with work collaboration tools to ensure efficiency, sustainability, and accuracy of real-time data.

*Board of Supervisors Response:* The Board of Supervisors agrees with the Director of Health and Human Services Agency.

**Recommendation 3.** By December 1, 2023, HHS establish a capability and policy such that individuals who are in a mental health crisis and medically stable only be treated at regional facilities where they can receive mental health treatment.

*Director of Health and Human Services Agency Response:* The recommendation will not be implemented. The Director of Health and Human Services Agency disagrees with this recommendation because of its practical infeasibility. Given the current state-wide bed shortage it is unrealistic and impossible for HHSA or any county to create a policy that “individuals who are in a mental health crisis and medically stable *only* be treated at regional facilities where they can receive mental health treatment.” The complexities associated with this request are many, including that HHSA cannot hold regional providers, including LPS designated facilities and State hospitals, accountable to receiving Napa County individuals for treatment on demand, as those facilities operate and are govern by their own rules and policies within their own agency, business, and/or hospital system. That said, as previously stated throughout this response, HHSA has been working diligently to increase capacity at the CSU and is in receipt of a conditional Behavioral Health Continuum Infrastructure Project (BHCIP) grant award of \$3.3M to expand the existing CSU to create a separated children’s treatment milieu that will provide care for up to four children. The two beds currently dedicated to children in the CSU will be transitioned to adult beds, for a new total of 12 beds.

*Board of Supervisors Response:* The Board of Supervisors agrees with the Director of Health and Human Services Agency.

**Recommendation 4.** By October 1, 2023, HHS take leadership to coordinate all regional resources to provide a more comprehensive and integrated capability for treating individuals in a mental health crisis. Providers minimally to be included are Providence Queen of the Valley Medical Center, Adventist Saint Helena Hospital/Adventist Health Vallejo Center for Behavioral Health, CSU, law enforcement, and California State Hospital - Napa.

*Director of Health and Human Services Agency Response:* This recommendation has been implemented. The Director of Health and Human Services Agency agrees with this recommendation and, notably, HHSA, through its Behavioral Health Division, already facilitates and coordinates a quarterly collaborative partner meeting including all the named providers except for Napa State Hospital. This meeting has been in existence for many years and includes the HHSA Director and Deputy Director of HHSA-Behavioral Health. With respect to Napa State Hospital, like most of the five operating Department of State Hospitals in California, they do not operate with capacity for the admission pursuant to California Welfare and Institutions Code (WIC) section 5150. The beds at Napa State Hospital are for patients mandated for treatment in civil or criminal trials, having committed crimes because of their mental illness. According to the Department of State Hospitals, Napa State Hospital primarily treats clients in the following categories: Lanterman-Petris-Short conservatorship, Not Guilty by Reason of Insanity, Incompetent to Stand Trial and Offender with a Mental Health



Disorder. Given the specialization and specific treatment population at Napa State Hospital and the fact that they are not placement options for individuals on an involuntary hold pursuant to WIC section 5150, they are not viable participants in a meeting focused on local mental health crisis services and needs. In Summer 2023 this meeting will expand to include the new DMC-ODS withdrawal management and residential treatment contracted provider and by Winter 2023/2024 it will expand again to include the afterhours/weekend Mobile Response Team contracted provider.

*Board of Supervisors Response:* The Board of Supervisors agrees with the Director of Health and Human Services Agency.

**Recommendation 5.** By October 1, 2023, HHS designate one or more appropriate Providence professionals the authority to lift a 5150 hold at the Queen of the Valley Medical Center.

*Director of Health and Human Services Agency Response:* This recommendation will not be implemented because it is not warranted. The Director of Health and Human Services Agency disagrees with this recommendation. MRT staff are already available to respond to our local emergency department during normal business hours to evaluate and lift a 5150 hold, where clinically appropriate and indicated. As stated previously, as of the writing of this response with the provision of staffing in place, over the next several months, the next phase of planned MRT expansion can be implemented with the goal of MRT coverage hours extending to 10 pm and including weekends. The anticipated expansion is targeted for the end of October 2023.

Further, in June 2023, through issuance of a Request for Proposals, a provider was chosen to begin contract negotiations with HHSA's Behavioral Health Division for afterhours and weekend Mobile Response Team. This contract will augment the hours of operation for the county-operated Mobile Response Team, creating 24/7 response, availability, and ease of access into the CSU and withdrawal management or residential substance use disorder beds. This further MRT expansion will be operational no later than December 31, 2023. With the establishment of this expanded programming, there will be increased capacity to write and lift psychiatric holds 24/7, including weekends and holidays, and to respond to the local emergency department.

Accordingly, HHSA intends to meet the interest set forth in this recommendation through its existing County staff and a provider with whom it maintains a contractual relationship. This will allow for the County to engage in contracted provider oversight, evaluate outcomes, and manage patient flow to the appropriate level of care across its many contracted providers, including crisis residential treatment, psychiatric health facilities, and IMDs, that are part of its network and system of care. Similarly, it will allow for the County to ensure appropriate clinical follow-up occurs when individuals are released from an involuntary hold, including ongoing client and community safety, and assessing for the appropriateness of outpatient services offered by the County.

*Board of Supervisors Response:* The Board of Supervisors agrees with the Director of Health

and Human Services Agency.

**Recommendation 6.** HHS publish in their Annual Report metrics on mental health crises in Napa County, which minimally includes the number of all 5150s, individuals treated by the MRT and CSU, and individuals diverted and excluded from the CSU.

*Director of Health and Human Services Agency Response:* This recommendation is not yet implemented. The Director of Health and Human Services Agency agrees with this recommendation. HHS will, through its Behavioral Health Division, publish in an annual report metrics on mental health crisis response in Napa County. The collected data will be through county-operated and contracted programs, including the MRT and CSU.

*Board of Supervisors Response:* The Board of Supervisors agrees with the Director of Health and Human Services Agency.

**Recommendation 7.** By December 1, 2023, HHS establish a plan for 24/7 staffing for either the Mobile Response Team or embedded resources within law enforcement.

*Director of Health and Human Services Agency Response:* This recommendation is not yet implemented. The Director of Health and Human Services Agency agrees with this recommendation and a planned December 31 implementation date. Please see the above responses to Findings 1 and 5 and to Recommendation 5, which are incorporated by reference.

*Board of Supervisors Response:* The Board of Supervisors agrees with the Director of Health and Human Services Agency.

**Recommendation 8.** By June 30, 2024, contract renewal date for the Crestwood Contract, HHS ensure the contract is an accurate reflection of duties and performance required.

*Director of Health and Human Services Agency Response:* This recommendation has been implemented. The Director of Health and Human Services Agency agrees with this recommendation. The Crestwood Behavioral Health contract has been amended effective as of this Fiscal Year 2023-2024. Please see the above response to Finding 9, which is incorporated by reference.

*Board of Supervisors Response:* The Board of Supervisors agrees with the Director of Health and Human Services Agency.

### Conclusion

The County would like to acknowledge the work of the Grand Jury. It is apparent they have an interest in the important and complex work of HHS and share in our goals of making mental health crisis services available and accessible to the community.