SONOMA COUNTY
MHSA CAPACITY ASSESSMENT

Created January 2020

sonoma county
DEPARTMENT OF HEALTH SERVICES
Behavioral Health Division

Agenda

- Capacity Assessment Methods
- Stakeholder Participation
- Sonoma System Overview
- Capacity Assessment Findings

Capacity Assessment Methods

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Capacity Assessment Timeline

Phase I
Project Launch and Discovery

- Kick-off Meeting
- Context and Background Information Gathering
- Systems of Care Mapping
- Preliminary Impressions
- Capacity Assessment Subcommittee Meetings

Phase II
Data Collection and Analysis

- Focus Groups and Interviews
- Survey
- Consumer and Service Utilization Data Analysis
- Financial Analysis
- Capacity Assessment Subcommittee and Steering Committee Meetings

Phase III
Reporting and Dissemination

- Initial Findings Presentation to Capacity Assessment Subcommittee
- Presentation to Steering Committee
- MHSA Capacity Assessment Report

July-Aug | **Aug-Oct** | **Nov-Dec**

Project Methods

Assessment Questions

- Structure: What is the current state of the specialty mental health system? What programs and services are available, for whom, in which geographic regions, and at what capacity?
- Process: How do people move through the system? What are the strengths and barriers?
- Resources: How are resources invested? Do they align with stated system priorities and the community's needs?

Data Sources:

- Context And Background Interviews
- Systems Mapping
- Service Utilization Data
- Consumer Demographic Data
- Financial Data
- Focus Groups and Interviews with Stakeholders, Consumers, Families, & Underserved Communities
- Countywide Survey

Data Limitations:

- Change of EHR data system
- TAY moved from Adult to Youth System
- Multiple record systems – Avatar, SWITS, Quarterly Report
- About 15% of consumers were missing important demographic information
- Some groups likely underrepresented

Project Methods

Preliminary Analysis → Targeted Questions → Capacity Assessment

Targeted Questions

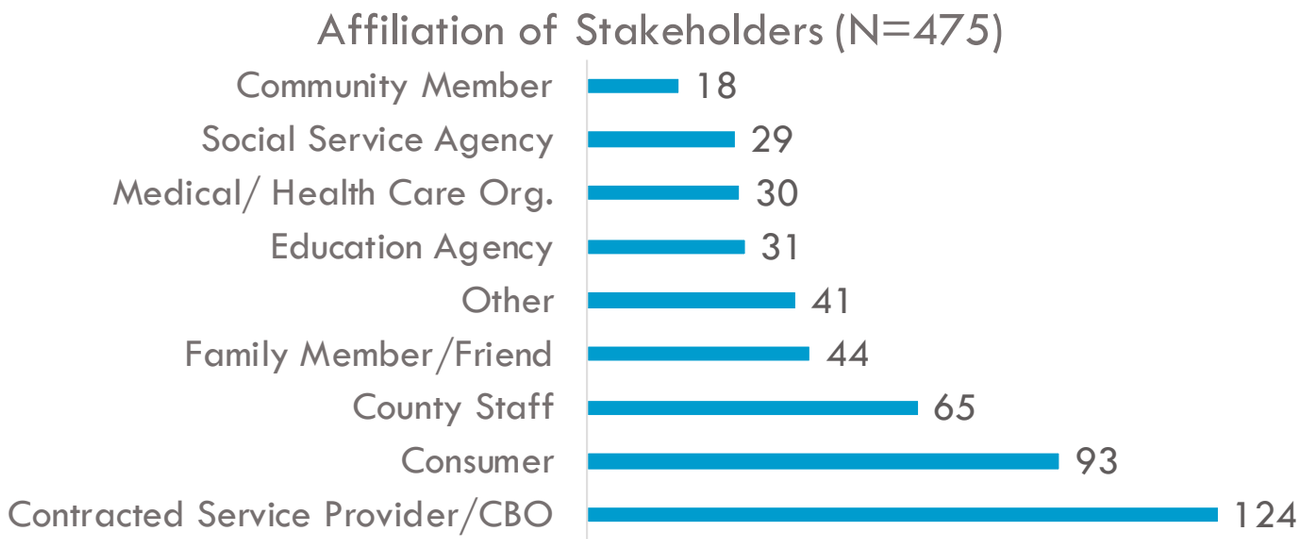
- How do consumers move through the system? Why do some appear to be "stuck"?
- Which consumers are using acute and residential services? How does this compare to other counties?
- What is the staffing model of providers? How does that affect consumers and resources?
- Which populations are underrepresented in the system? Are these voices being heard?

Stakeholder Participation

Activity and Participation	
Preliminary Context Interviews	3
System of Care Discussions	16
Key Informant Interviews	7
Focus Groups	77
Community Survey	447
Total	550

Interview Participants
Sean Bolan, Wellness and Advocacy Center
Eric Lofchie, Santa Rosa City Schools
Mark Orlando, Veterans Service Office
Alison Whitmore, Sonoma County Indian Health Project
Jessica Carrol, Positive Images
Christy Davila, West County Services
Stephanie Chandler, Redwood Community Health Coalition

Focus Group Population, Convened by	Participants
Adult consumers, Wellness and Advocacy Center	9
Older adult consumers, Wellness and Advocacy Center	2
Family members, National Alliance on Mental Illness	7
Homeless consumers, Committee on the Shelterless	15
TAY population, VOICES	6
Latinx community, Latino Service Providers	9
Parents of youth consumers, Social Advocates for Youth	1
Justice Stakeholders, Community Corrections Partnership	15
Behavioral health providers, Child Parent Institute (CPI)	6
Healthcare providers, St. Joseph Health	7



Sonoma System Overview

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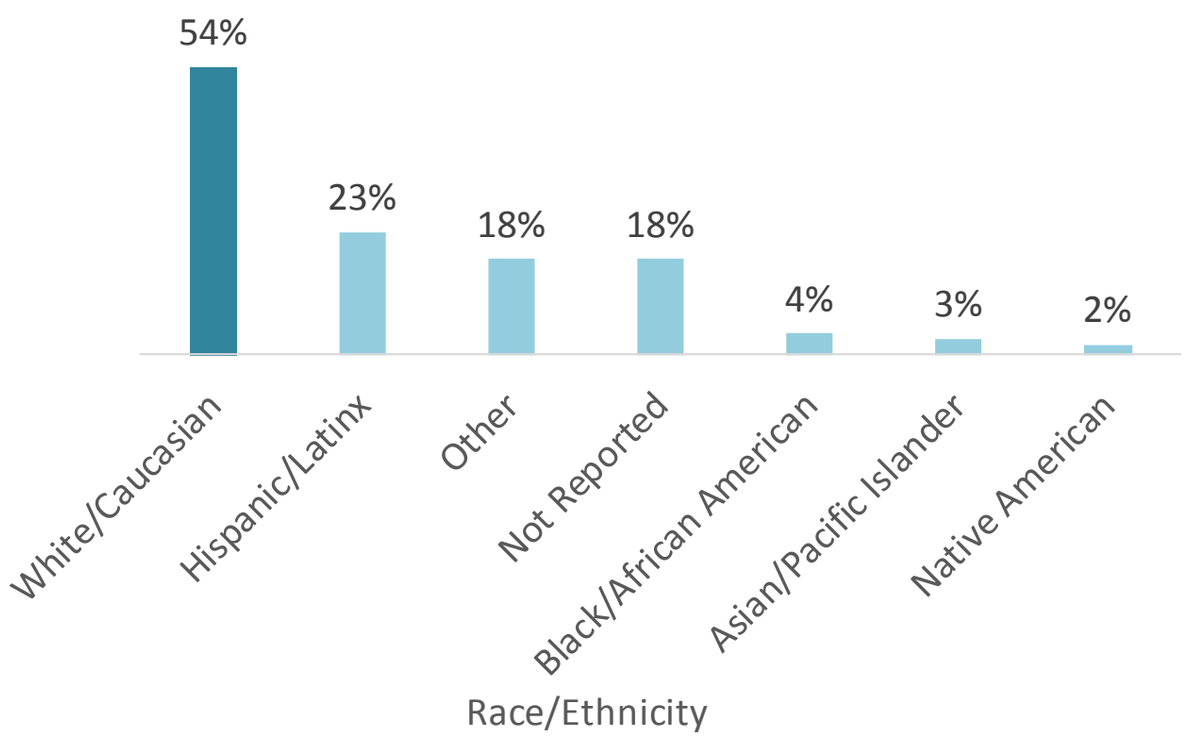
System of Care

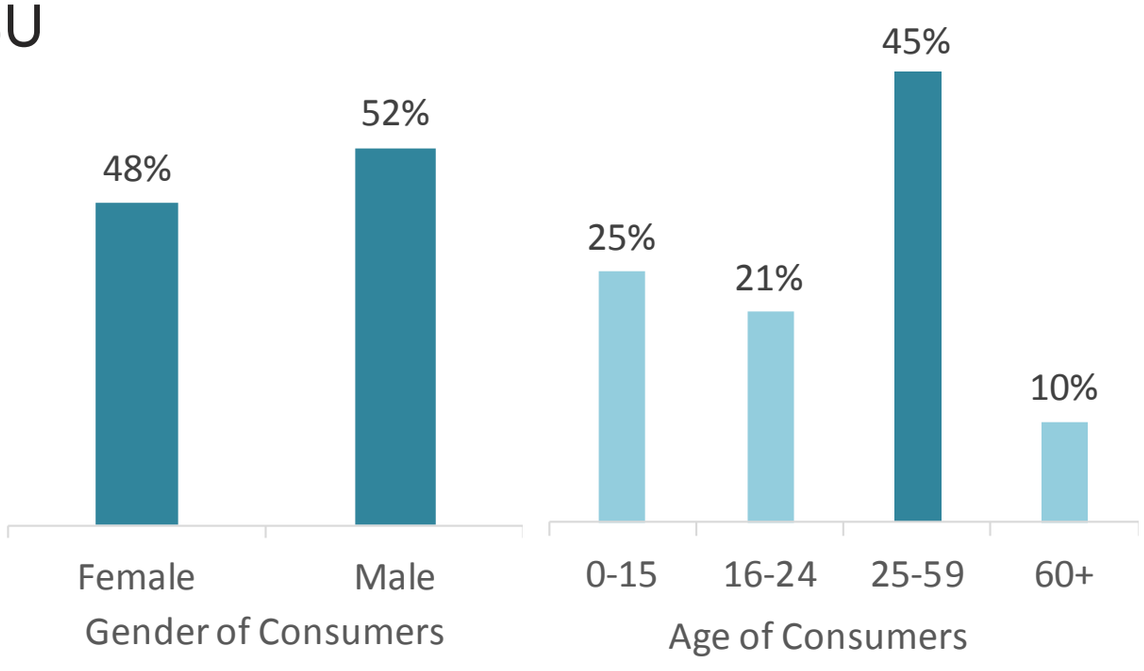
- Almost 4,000 consumers served
  - Additional 10,000 consumers reached through peer, prevention and early intervention, and outreach services
- High acuity level in population
  - 29% of consumers with a Psychotic Disorder (compared to 16% state average)
  - Over 50% of consumers went to CSU

SONOMA COUNTY CONSUMERS FY 18-19

Consumers Served (EHR):
3,860

Expenses:
$93,561,935



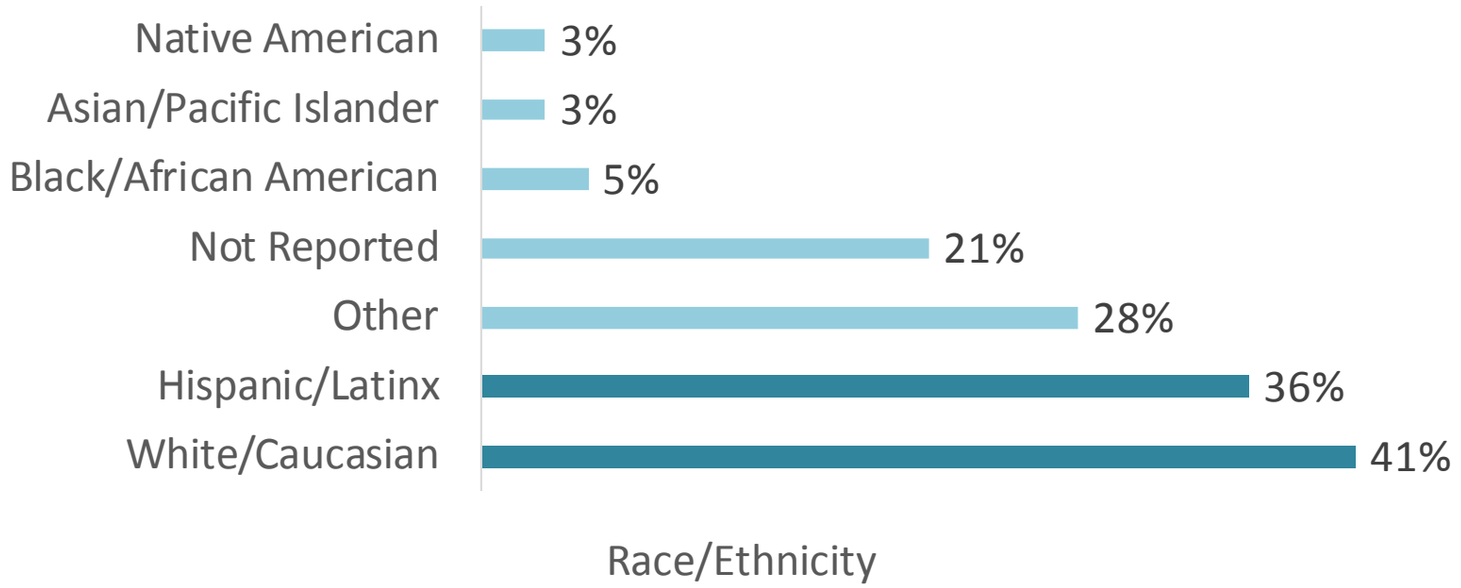


Youth & Family Services

YOUTH & FAMILY CONSUMERS FY 18-19

Consumers Served:
1,820

Expenses:
$20,794,098
(CSU expenses not included)



- Currently in transitional period after restructuring and new contracts with providers
- System appears well set up for children and youth services
- Dedicated justice and foster staff provide important service connections

Adult & Older Adult Services

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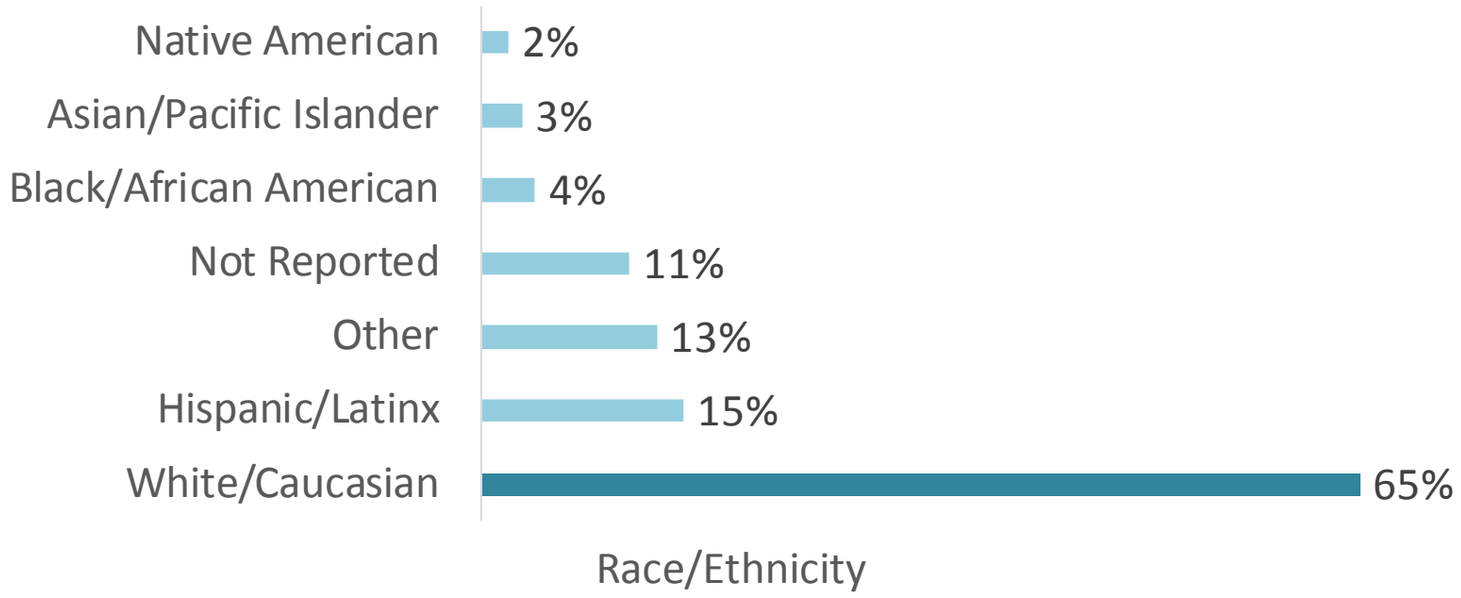
ADULT CONSUMERS FY 18 - 19

Consumers Served:
2,040

Expenses:
$53,213,025
(CSU expenses not included)



- Many beneficial programs and services available
- High proportion of crisis and residential beds
- Reduction in CSU beds, but planned PHF

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Capacity Assessment Findings

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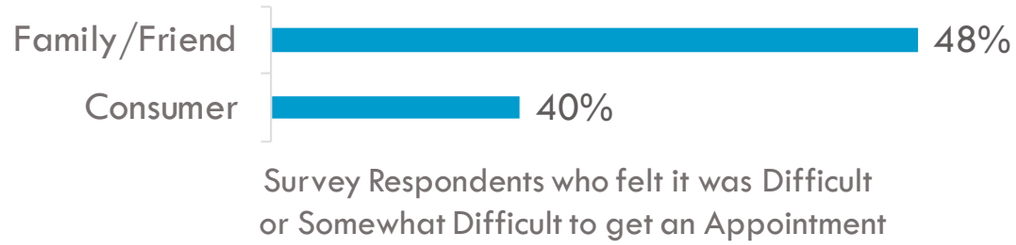
Barriers to Access

- Many consumers and loved ones found it difficult to get an appointment

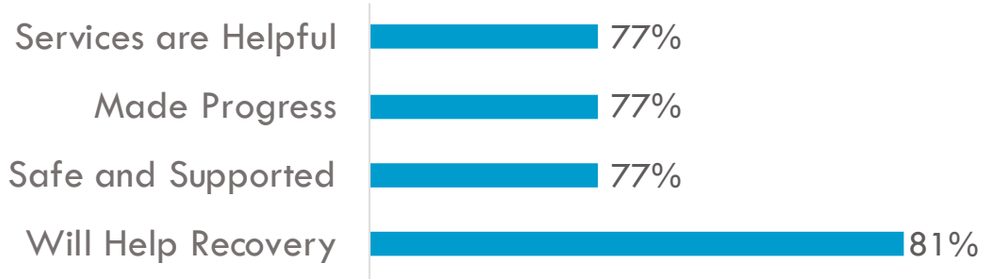


Survey Respondents who felt it was Difficult or Somewhat Difficult to get an Appointment

"There is a lot of need and it can take a really long time to get an appointment." – Community Member

- This may lead to a high use of crisis services
  - In FY18-19, the CSU had
    - Over 2,600 episodes (24% of all episodes)
    - $19,554,811 in expenses

- Overall, consumers are satisfied with services



Survey Respondents about Services and Providers, Very or Mostly True

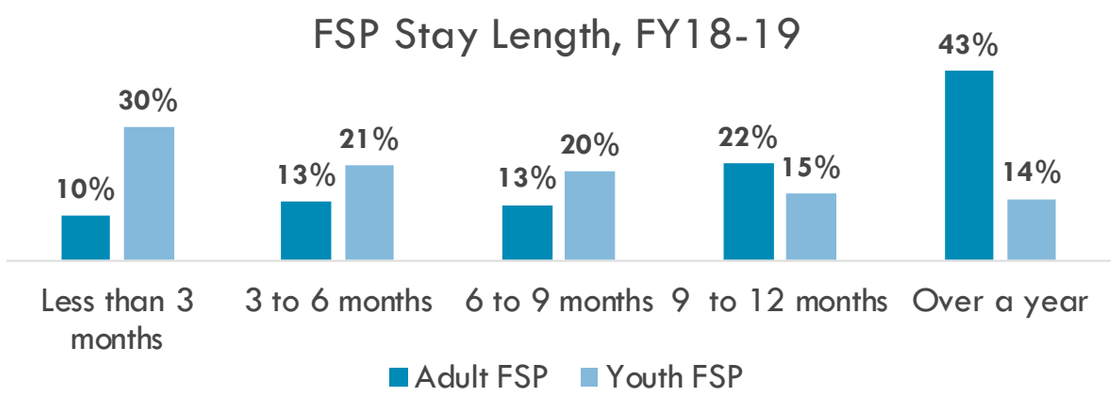
- There is a fear that consumers will not get access again

"Our system of care is hard to access, once connected people feel their loved one has support, but getting people engaged with a program is a challenge." – Provider

Movement through the System

- Consumers become "stuck" and have longer than expected stays

Facility, FY18-19	Expected Stay Length	Overstay Episodes	Median Stay Length
CSU	<24 hours	41% (1,094)	1 day
CRT	14 days	58% (228)	16 days
ART	6-9 months	22% (19)	6 months



- Inconsistency in service transitions

> "I'm not sure why county behavioral health keeps graduating me out [of services] while friends of mine have been clients for 23 years." – Consumer

- Limits consumers recovery and increases likelihood of crisis, hospitalization, and incarceration
  - Over 40% of incarcerated individuals have a mental illness
  - Almost 30% of CSU episodes were from 6% of consumers

Episode, FY18-19	Next Episode CSU	Next Episode Medical Hospital
After CSU	28%	9%
After CRT	30%	16%

- County is in the process of improving oversight and utilization review

Spirit and Intention of MHSA

- Peer supporters mostly work in discrete peer support programs and are not integrated into clinical programs
  - Peer Centers see about 750 consumers a month
  - Lack of peers in clinical programs may contribute to implicit bias and benign stigma

"We need peer led, peer run alternatives at all levels of care." – Consumer

"Peer services were life-changing." – Consumer

- Some stakeholders not incorporated into MHSA process

There is a need to "increase genuine engagement with community members and other stakeholders. It appears many changes … are made without engaging the community." – Provider

- Limited population specific programs and services, focused on prevention rather than treatment
  - Sonoma County Indian Health Project -Aunties & Uncles, Positive Images, Latino Service Providers of Sonoma County

Services for Latinx Community

- Fewer Latinx consumers compared to Sonoma's population, particularly adult consumers

Sonoma County Latino/Hispanic Population	Percent of Population
In County	27%
Medi-Cal	42%
Consumers	23%
Adult Consumers	13%
Youth Consumers	36%

- Limited bilingual staff and culturally-specific services

"We have bilingual staff that … do [the] program … because they speak Spanish, not because they have the mental health training." – Provider

"She happened to speak Spanish and now provides those services in Spanish, but she's not actually trained to do so." – Community Member

- Can lead to increased use of crisis services
  - A high proportion of Latinx consumers went to the CSU, though slightly less than consumers overall
- Similar issues may exist for the Native American population
  - A slightly higher proportion of Native American consumers went to the CSU
- County is exploring a possible MHSA Innovation project that would create culturally-specific interventions for the Latinx community

Increased System Costs

- Consumers overstaying in programs resulted in lost revenue
  - $12,273,684 in unbillable CSU services, a potential revenue loss of $6,136,842
- Greater use of crisis and acute services
  - 162 Inpatient Hospitalization
    - 30% were over a year
    - Non-billable cost over $7 million
  - 456 Adult Board & Care Episodes
    - 45% were over a year
    - Non-billable cost over $10 million
- High reliance on clinicians places an additional financial, staff, and consumer cost

"Sometimes, our biggest obstacle is the system itself." – Provider

Recommendations

- Standardize the reauthorization process for continued program enrollment with increased utilization review from the County.
- Integrate peers into programs and explore creating a more balanced staffing model.
- Increase representation from those with lived experience in all aspects of the MHSA process.
- Develop culturally competent services for underserved communities, particularly Latinx individuals.

Recommendations

- Continue successful services and changes in progress:
  - Dedicated providers leading to satisfied consumers
  - Complete staffing across programs
  - Drop-in assessment services through Access
  - Increased DHS-BHD oversight and utilization review
  - Culturally appropriate Latinx innovation project
  - Targeted recruitment for MHSA committees

THANK YOU!