



**NAPA COUNTY GRAND JURY
2022-2023**

June 21, 2023

**MENTAL HEALTH CRISIS SERVICES
IN NAPA COUNTY**

SUMMARY

Every year thousands of Napa County residents will experience a mental health crisis. The County's Health and Human Services Agency (HHS) provides valuable services to aid these individuals in crisis. These services include a Crisis Hotline, Mobile Response Team, and 24/7 Crisis Center. The Jury recognizes many challenges HHS faces in providing mental health crisis services and generally commends HHS in its efforts.

The 2022-2023 Napa County Grand Jury (Jury) found that due to capacity and other limitations these services are insufficient to meet the mental health crisis needs of County residents. When the HHS services are unavailable, individuals don't always get the help they need. Numerous other public and private organizations in Napa County play important roles in mental health crisis management. These organizations become adversely impacted when the HHS services are limited. Worse, the individuals in crisis receive less than optimal care, or no care at all.

The Jury did identify a number of recommendations to alleviate the current limitations and help make the available resources function better together.

BACKGROUND

In a one year period, approximately 3,200¹ adults in Napa County will experience serious mental illness, and approximately 1,400 children will experience a serious emotional disturbance.

Medi-Cal mandates that Napa County provide mental health crisis services. Napa County HHS provides services which range from outpatient treatments, including psychotherapy, case management and medication management, to inpatient psychiatric hospitalization, depending on individual needs.

These services can be on a voluntary or involuntary basis. If these services are provided on an involuntary basis, they fall under the Lanterman-Petris-Short Act (LPS). Welfare and Institutions Code Section 5150 outlines the process for placing an individual believed to be a danger to self or others on an involuntary psychiatric hold in a County-designated facility for evaluation and treatment. Peace officers and County-designated professionals have the authority to place an individual on an involuntary hold. This process is commonly referred to as a 5150 hold.

The Jury conducted an investigation into the County's mental health crisis services. In its investigation the Jury worked to understand the capabilities and functions of the dedicated professionals involved providing crisis services. These professionals work diligently to meet the needs of the individuals in crisis, as well as the needs of the community. Unfortunately, due to capacity constraints and fragmented services, there are deficiencies in the system. It is the Jury's

¹ Based on incidence of serious mental illness in Bay Area Counties from California Health Care Foundation, California Health Care Almanac - Mental Health in California Waiting for Care July 2022. Serious mental illness is defined as a diagnosable mental, behavioral, or emotional disorder resulting in functional impairment that interferes with or limits major life activities. A serious emotional disturbance is defined as a mental, behavioral, or emotional disorder resulting in functional impairment that substantially limits functioning in family, school, or community activities.

hope that this report will lead to changes that will help Napa County get the most out of its mental health resources.

Mental health crisis services in Napa County involve:

- **Napa County Health and Human Services (HHS).** Mental health crisis services primarily fall under the purview of the Behavioral Health Services. This division manages the Crisis Hotline and the Mobile Response Team (MRT). Behavioral Health Services is responsible for community outreach and individuals in need. They are accountable for developing a treatment plan and following up on that plan. One of their key goals is early intervention to prevent a crisis from happening.
- **The Crisis Stabilization Unit / Crisis Center (CSU).** The CSU is run by Crestwood Behavioral Health Inc. under a contract administered by HHS. The CSU is an LPS-designated crisis facility licensed for six adults and two juveniles. The facility provides recovery based calming and de-escalating care to individuals. The CSU is not a medical facility and is the preferred location for treatment of individuals in a mental health crisis.
- **City of Napa Police Department (PD).** Napa PD officers have the authority to write 5150 holds. Officers respond to dispatch calls to deal with individuals in crisis. Napa PD may also facilitate transportation to the CSU or Queen of Valley Medical Center Emergency Department (QVMC-ED) on a voluntary or non-voluntary basis. QVMC-ED frequently calls Napa PD to assess potential 5150 hold cases.
- **Napa County Sheriff's Office.** Sheriff's Office deputies also have the authority to write 5150 holds and transport individuals to the CSU or the QVMC-ED or Adventist St. Helena on a voluntary or non-voluntary basis. The Sheriff's Office is also on call to pick up individuals on a 5150 hold who walk out of the CSU.
- **Queen of the Valley Medical Center Emergency Department (QVMC-ED).** QVMC-ED is the closest emergency room to the CSU. As such, the QVMC-ED is the designated facility for individuals needing medical clearance prior to placement at the CSU. Individuals in mental health crisis are regularly diverted to QVMC-ED if the CSU is not accepting patients or if the patient has a condition that excludes them from treatment at the CSU.
- **Adventist Health - St. Helena Hospital and Psychiatric Facility in Vallejo.** Adventist Health Care manages St. Helena Hospital, an LPS-designated 151 bed acute care facility with 37 adult psychiatric beds. Adventist Health also runs the Behavioral Wellness Center in Vallejo, a psychiatric facility that has 61 beds. The Vallejo facility also has a capability for both adolescents and children over 4 years of age. Additionally Vallejo is the intake department that coordinates admission to Adventist Health mental health facilities in the region.
- **The California Department of State Hospitals - Napa.** The Napa State Hospital is a 9,000 bed LPS-designated facility that primarily houses criminally committed patients and patients on conservatorships for gravely disabled individuals who represent a danger to themselves or others due to mental illness. In the past, Napa County contracted annually for mental health beds at the Napa State Hospital. Such contracts are encouraged by statute. Currently, Napa County mental health crisis services appear to have minimal interaction with the Napa State Hospital.

ACRONYMS

- CPAP - Continuous Positive Air Pressure
- CSU - Crisis Stabilization Unit / Crisis Center
- EMT - Emergency Medical Technician
- HHS - Health and Human Services
- LPS - Lanterman-Petris-Short Act
- MRT - Mobile Response Team (MRT)
- QVMC-ED - Queen of Valley Medical Center Emergency Department
- 5150 hold - Refers to section 5150 of the LPS act

METHODOLOGY

To investigate mental health crisis services and 5150 holds the Grand Jury reviewed a number of documents, websites and conducted a series of interviews with individuals involved in the process. This investigation included:

Documents reviewed

- Napa County 2022 HHS Budget request
- Napa County 2022 HHS Strategic Plan
- California Mental Health Service Oversight and Accountability Commission Strategic Plan
- Patient Advocacy Consultancy Training Materials
- Napa County Sheriff Office Mental Health Training Materials
- California Commission on Peace Officer Standard and Training - Learning Domain 37 “People with Disabilities” Version 6.0
- City of Napa Police Department selected call logs
- California Hospital Licensing Laws on Emergency Services and Care sourced from California Health and Safety Code Sections 1317-1317.9a and 1799.111
- California Hospital Association publication: EMTALA — A Guide to Patient Anti-Dumping Laws 2018
- Napa County HHS Mental Health Mobile Response Team presentation to Board of Supervisors, June 7, 2022
- Contract between Crestwood Behavioral Health Inc and Napa County HHS approved by Board of Supervisors, April 20, 2021
- Napa City-County Continuum of Care - Strategic Plan to Address Homelessness 2022
- California Health Care Almanac - Mental Health in California Waiting for Care 2022
- Napa County HHSA Annual Report for 2022
- Rand Corporation: Adult Psychiatric Bed Capacity, Need and Shortage Estimates in California - 2021
- State of California Department of Health Care Services: Assessing the Continuum of Care for Behavioral Health Services in California Data, Stakeholder Perspectives, and Implications January 10th, 2022
- 2022 Napa County Annual CSU Update Report for Investment in Mental Health Wellness Grant Program (IMHWGP) California Health Facilities Financing Authority (CHFFA)

Individuals interviewed

- Napa County Health and Human Services Staff
- City of Napa Police Department personnel
- Napa County Sheriff Office personnel
- Patient Advocacy Consultancy and legislative advisors
- Crestwood CSU personnel
- Queen of the Valley Medical Center personnel
- City of Napa administrative personnel
- Adventist Health personnel
- Non-profit mental health service provider personnel

Websites reviewed

- Boarding of Mentally Ill Patients in Emergency Departments: American Psychiatric Association Resource Document
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6754202/>
- Adventist Health - Vallejo <https://www.adventisthealth.org/vallejo/about-us/>
- California Legislative information THE LANTERMAN-PETRIS-SHORT ACT
https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC§ionNum=5150
- Mentis Website <https://mentisnapa.org/about-us/>

DISCUSSION

The path to treatment for an individual in a mental health crisis in Napa County can be unpredictable depending on the time of day, day of week, and capacity and policies of available crisis services.

The overall goal of all resources dealing with an individual in a mental health crisis is to stabilize the individual, de-escalate the situation with the lowest level of intervention that is safe and appropriate and develop a follow up plan.

Health and Human Services Crisis Stabilization Unit and Mobile Response Team

Napa County HHS provides multiple important services to help individuals in mental health crises. HHS provides a 24/7 Crisis Hotline that links individuals to mental health resources. The Mobile Response Unit consists of clinicians embedded within local law enforcement and a Mobile Response Team (MRT) for crisis assessment and resolution in the community. HHS also provides a Crisis Stabilization Unit (CSU) facility to help individuals of all ages affected by problems and symptoms associated with acute mental health crises. The CSU is also commonly referred to as the Crisis Center.

The MRT was initiated in January 2021 and went live in February 2022. The embedded clinicians and the MRT are currently available during business hours, Monday through Friday. The MRT's stated goal is to be staffed 8 am to 6 pm, seven days a week. The Jury heard throughout its investigation that recruiting and hiring mental health professionals is a challenge throughout California.

The CSU facility is located in the Napa County Health and Human Services complex on Napa Valley Corporate Drive. The CSU is operated by Crestwood Behavioral Health, a provider of inpatient mental health services, through a contract with HHS announced in June 2021. This

facility provides 24/7 comprehensive mental health services and support.

An individual in a mental health crisis can initiate engagement with County services in multiple ways. Engagement can start with a call to the Crisis Hotline or 911. An individual may also go directly to the CSU facility or an emergency room. Law enforcement may also determine that an individual needs mental health services.

Of 290 calls into the Crisis Hotline from February 2022 through November 2022, half were resolved over the phone with de-escalation and referrals to mental health resources or referral to 911/emergency services. Half of the calls were handled in person by the MRT. Of the MRT visits, 63% were resolved through crisis resolution, safety planning and referral to services. Sixteen percent were resolved with a 5150 involuntary hold for an average of about 2.5 holds per month.

If the MRT is not dispatched because the incident occurs outside its operating hours or if the threat is assessed to be high (e.g., an individual is in the act of committing suicide or physically assaulting someone) a peace officer is dispatched.

Peace Officers

Over the 12 month period ending January 31, 2023 the Napa Police Department dispatched an average of 23 calls designated as potential 5150s per month. Nearly half of these calls were to the Queen of the Valley Medical Center . Over the same period, the Napa County Sheriff's Office dispatched an average of ten potential 5150 calls per month. These metrics do not account for all calls to law enforcement involving mental health crises, only those explicitly categorized as a 5150 call. The Jury did not receive metrics for all mental health crisis calls.

Peace officers today receive significant mental health crisis training. If a peace officer believes an individual is in a mental health crisis they may place an individual on a 5150 hold or offer voluntary transportation of the individual to the CSU and allow the CSU to determine if a 5150 hold is warranted. When available, the Mobile Response Unit's clinicians embedded with law enforcement participate in calls.

When the County's resources work as intended, individuals in a mental health crisis typically receive appropriate care. An MRT team member will meet with an individual in a mental health crisis. The MRT team member will work to de-escalate, assess the situation and guide the individual to appropriate care.

If the CSU is determined to be the appropriate destination, the individual will be transported there. At the CSU an individual in a mental health crisis will be provided a calming and de-escalating environment, seen by a mental health professional and, if necessary, provided medicine to treat their psychiatric condition. The individual will regularly be reassessed and discharged with a follow-up plan.

Multiple factors unfortunately prevent the County's resources from always working as intended. The limited hours of the MRT and embedded law enforcement resources often result in the less optimal option of peace officers alone being the response to mental health crisis calls. Although increasingly trained to handle these situations, peace officers cannot provide the comprehensive response of mental health professionals. Officers generally focus on delivering the individual to available crisis services.

The CSU is licensed for two juvenile beds and six adult beds. This license is the maximum

capacity of the CSU. Capacity can be further limited due to the mix of adult and juvenile cases or if there is an elevated risk due to a particular patient. The Jury was told CSU treats approximately 60 patients per month of which two-thirds are involuntary. When capacity is reached the CSU goes on diversion, which means they will not accept any more patients.

CSU Diversion

In the 12 months ending January 2023, the crisis center had 134 instances of diversion according to City of Napa Police Department dispatch records. Data from HHS was generally consistent. There were some days with multiple diversions per day and some diversions can last more than one day. The median diversion time was between 12 and 18 hours.

Additionally, the CSU will not admit patients that have any of a range of medical conditions. These conditions include mobility devices such as a cane, CPAP machines for sleep apnea, and splints or slings. The Jury was unable to get metrics on how often patients were denied entry because of exclusionary criteria. The Jury did hear repeated anecdotal evidence from multiple stakeholders that clients were commonly excluded.

Crestwood Contract

The Crestwood contract stipulates they “Establish and operate a designated *locked* (emphasis added) ... Crisis Stabilization Unit (CSU) in a space provided for that purpose by the county.” Over a one year period, the Sheriff’s Office was called eight times to pick up individuals, thought to be a threat to self or others, who had walked out of the facility. The Jury was told Crestwood’s philosophy is that a security guard is not part of a calming and de-escalating environment. The Jury understands this philosophy, but believes Crestwood should do more to secure the facility.

The contract stipulates Crestwood serve as on-call MRT to the QOV after hours and 24/7 on the weekend. The Jury found no evidence the CSU provided this service.

The Crestwood Contract with Napa County also lists a number of performance metrics. These obligations include:

- Reduce admissions of individuals experiencing a mental health crisis to local community hospital emergency rooms by 75% of current Napa County Mental Health Plan (NCMHP) emergency room visits.
- Reduce the average disposition time (e.g., length of time a consumer spends in the emergency department pending medical clearance and/or transfer to a psychiatric facility) by 50% of current NCMHP disposition time.
- Reduce psychiatric inpatient admissions by 20% to 50%.
- Serve a minimum of 1,257 clients and/or client billing days per fiscal year.

The most recent data the Jury received related to Crestwood performance was from 2021.

QVMC-ED

If the CSU has cause for concern that the patient may require medical treatment they will send the patient to the QVMC-ED for medical clearance. Approximately 12% of the CSU’s patients are sent to the QVMC-ED for medical clearance. If the CSU is on diversion or the individual in a mental health crisis has an excluded medical condition, these patients are also typically brought or sent to the QVMC-ED.

The QVMC-ED treats approximately 3,000 patients with a psychiatric diagnosis per year including approximately 600 psychiatric hold (5150) patients. Some of these patients are sent from the CSU for medical clearance and then sent back to the CSU. It is not uncommon for the CSU to enter diversion before patients receiving medical clearance can return from the QVMC-ED. Some of the psychiatric patients are presented directly to the QVMC-ED by peace officers due to the CSU being on diversion or excluded from CSU treatment. And some of the QVMC-ED patients are placed on a psychiatric hold after they have arrived via EMT or walk-in.

The QVMC-ED is not designated by the County – and does not seek designation – as a Lanterman-Petris-Short Act (LPS) facility. This designation is required to provide mental health crisis evaluation and treatment for an individual on a 5150 hold.

The QVMC-ED's focus is to provide acute medical care, which does not include mental health treatment. The hospital lacks the capabilities to treat a patient in a mental health crisis and cannot provide inpatient psychiatric treatment. No emergency room provides a calming and de-escalating environment. Furthermore, emergency rooms are not designed for multi-day stays. Nonetheless, a material number of individuals in crisis end up in the QVMC-ED who cannot be sent to the CSU despite being medically cleared.

When a patient cannot be transferred to the CSU, the QVMC-ED must scramble to find an alternative and appropriate mental health facility that will accept the patient. Such facilities are limited, particularly in Napa County, and are typically private institutions. The Jury heard anecdotes of stays in the QVMC-ED as long as 11 days before a destination could be found.

The QVMC-ED estimates that 1-2 of its 18 emergency room beds are occupied by mental health crisis patients on any given day. Additionally, the hospital must provide staff for 24 hour line-of-sight supervision of any 5150 patients, further diminishing resources available for acute medical care.

Patients on a 5150 hold are required to be re-evaluated every 24 hours. This re-evaluation may result in the 5150 hold being removed if the patient is no longer meeting the conditions of the hold. Only HHS, MRT and CSU are designated to remove 5150 holds; QVMC-ED staff cannot. If such staff is unavailable to visit the QVMC-ED to perform a timely assessment then a patient may inappropriately be held longer than necessary. The Jury has been told that designated staff is sometimes unavailable, particularly during non-business hours, leading to unnecessary utilization of QVMC-ED beds and resources.

Detoxification

Drug and alcohol abuse and homelessness are often correlated with mental health crises. Frequently, it can be difficult to discern if an individual in detox is in a mental health crisis or a drug or alcohol induced crisis. A detox period can be necessary prior to assessing and treating an individual for a mental health crisis. Individuals in the CSU are commonly going through detox.

The Crestwood contract stipulates they admit to the CSU any client appearing to have urgent or emergent psychiatric needs, except for a consumer who meets the following conditions:

- Has an acute medical condition (in addition to the urgent/emergent psychiatric condition) that requires immediate attention and amelioration before psychiatric stabilization can be safely undertaken.
- Is intoxicated, because of ingested alcohol or other drugs ("AOD"), to a degree that

renders the consumer unable to participate meaningfully in the process of psychiatric stabilization and whose physical health would be endangered by the lack of medical detoxification capability of the CSU.

The County contracts with an outside agency to run a substance abuse treatment facility that includes detox services. As of the Spring 2023, the outside agency canceled its contract with the County. The County is in the process soliciting bids for this service going forward.

Adventist Health

Adventist Health operates two local facilities that offer mental health treatment. Its Saint Helena hospital has 37 inpatient mental health beds, while its Vallejo facility operates 61 such beds. The Jury found that these Adventist Health facilities are lightly utilized by law enforcement, the CSU, and QVMC-ED.

The Sheriff's Office will take a limited number of individuals in mental health crises in north Napa County to the Saint Helena hospital. In the 13 month period ending January 31 2023, the Adventist Health facilities received seven psychiatric patient referrals from the QVMC-ED and admitted six. Over the same time period, they received 34 referrals from the Crisis Center and admitted 22.

Data Quality

Overall data quality in mental health services appears to be poor. The Rand Corporation report Adult Psychiatric Bed Capacity, Need and Shortage Estimates in California - 2021 stated "Our analysis and conclusions contain numerous caveats, in large part because of poor data quality." The Rand Corporation goes on to make a strong plea for better data quality to allow for a "precise and sensitive system for tracking the impact of investments that seek to address psychiatric bed shortages." The Rand Corporation commentary on data quality was not specific to Napa County, however the Jury found the quality and completeness of Napa County data wanting.

FINDINGS

The 2022-2023 Napa County Grand Jury found that:

F1. 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.

F2. The CSU's capacity constraints and exclusionary policies limit the CSU's ability to treat all individuals in need of mental health crisis services.

F3. The CSU capacity to treat individuals in mental health crises is reduced by clients being treated that more appropriately need detox services.

F4. 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.

F5. 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.

F6. 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.

F7. 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.

F8. Data on mental health crises in Napa County made available to the Jury was fragmented and incomplete.

F9. 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.

RECOMMENDATIONS

The 2022-2023 Napa County Grand Jury recommends that:

R1. 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.

R2. 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.

R3. 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.

R4. 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.

R5. 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.

R6. 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.

R7. By December 1, 2023, HHS establish a plan for 24/7 staffing for either the Mobile Response Team or embedded resources within law enforcement.

R8. By June 30, 2024 contract renewal date for the Crestwood Contract, HHS ensure the contract is an accurate reflection of duties and performance required.

REQUIRED RESPONSES

The following responses are required and requested pursuant to Penal Code Sections 933 and 933.05:

From the following county officials within 90 days:

- Board of Supervisors - (F1, F2, R1), (F3, R2), (F4, R3), (F1, F2, F3, F4, F5, F6, R4), (F4, F5, R5), (F8, R6), (F7, R7), (F9, R8)

From the following county officials within 60 days:

- Director HHS - (F1, F2, R1), (F3, R2), (F4, R3), (F1, F2, F3, F4, F5, F6, R4), (F4, F5, R5), (F8, R6), (F7, R7), (F9, R8)

Reports issued by the Grand Jury do not identify individuals interviewed. Penal Code section 929 requires that reports of the Grand Jury not contain the name of any person or facts leading to the identity of any person who provides information to the Grand Jury.