ADVOCATING FOR CRISIS CARE

NAMI California Conference 2018

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Why Advocate?

- It can work - it did for us
- Feedback is needed
- Our voice matters
- If not NAMI, then who?
Background

- Closure of 28-bed psychiatric unit by Dominican Hospital in 2014
- County built new smaller 16-bed Psychiatric Hospital with small Crisis Stabilization Program
- Operation of facility was contracted out to a for-profit company
- NAMI’s work was inspired by two tragic fatalities in two years
What were the concerns?

- Complaints, rumors, tragedies, calls, and written stories
- Releases without adequate stabilization
- No psychiatrist involved in decision to release
- Difficult admittance from Crisis Stabilization Program (CSP) into Psychiatric Health Facility
- Assessments done by unlicensed staff, and without consideration of family input
- Families given inadequate information and support, rude, brusque treatment during crisis
What were the concerns

Many clients sent far away out of county
Inadequate food in CSP
Inadequate space and comfort
Staffing vacancies and inadequate training
Releases without adequate follow up care
Revolving door
Law enforcement concerns
County responses to NAMI concerns were insufficient
Strategy and Decisions

Create an investigative task force
- include local experts with system experience, Board members

Document problems, collect stories, and write a report

Engage a technical advisor
Educating the Task Force

The role of the Technical Advisor to Educate Task Force:

- Regulations, regulators
- Standards of care, rights of clients and families
- Best practices
- Questions to ask, who to ask
- Understand funding and regulatory standards
- Strategies to promote change
- Clarify obscure or complex responses from providers
Many meetings
Developed a list of improvement requests.
Sent strong letter to top leadership of contractor.
Contractor responsive and stated strong commitment to improvements
Top leaders of Contractor met with NAMI, County Mental Health included. Contractor developed document for tracking implementation plans/progress. Frequent progress meetings. Deadline set for final agreements.
Investigative report published
Met with City Council members
Met with members of Board of Supervisors
Local paper headline: “NAMI Report Sparks Improvements”
Outcomes of 2

- New Management
- Better staffing ratios, better pay
- Psychiatrist must approve releases 5150
- Staff receive more training, including NAMI Provider Education, Columbia Suicide Risk Assessment
- Shower added to CSP. Food improved
- Assessments done by qualified staff
Outcomes
of 2
The Family Information Form is now widely used
Lab work to be done at CSP without transport of client to hospital
County connects clients to other services
County agreed to re-write 5150 Training manual with input from NAMI
Continue ongoing meetings
Engage the highest levels of management, they may not know the extent of problems.

Open communication with NAMI, County and contractor is important.

Assessments of 5150 are variable, within County and within state.

Misunderstanding of privacy rights causes great difficulties.
Shortage of beds: The Federal “IMD exclusion” causes 16 bed psychiatric health facilities unless part of a hospital.

There are strong financial incentives to not hospitalize.

It’s complicated.

Technical expertise was and is essential.
Our roles as Advocates

Important responsibility. Relationships matter. Difficult road, emotional. Does funding affect your advocacy role? Engage the media effectively. Embrace allies and the caring community. Smaller everyday advocacy also important. Prioritize advocacy efforts. If not NAMI, then who?
Tips for Advocating

Get a Goal - Narrow it Down
- Specific, Measurable, Actionable, Realistic, Time-Bound

Define your message
Build a team
Map out your timeline
Develop your communications and activities
Questions?

Resources:
namiscc.org/advocacy:
- CA Conference slide presentation
- NAMI Santa Cruz County Investigative Report on Crisis Care

NAMI CAN: NAMI California Advocacy:
- namicaadvocacy.org

Online advocacy software app:
- SalsaLabs.com

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1. The County of Santa Cruz and the Contractor Administration should support the newly hired, experienced leadership at the CSP with the resources that they determine necessary for the improvement of care, including staffing allocations.

2. Recommend further advanced training for the mental health professionals designated for the evaluation of involuntary commitment, including training in suicide risk assessment. Recommend that an experienced licensed (rather than “waived”) professional to consistently perform the intake crisis assessment.

3. Ensure staff evaluating the patient reviews the 5150/5585 form to determine if police are requesting notification for potential charges, prior to the patient being released.
Appendix: Report Recommendations of 5

The county to engage NAMI as a key stakeholder in updating the LPS/5150 training manual for the application and evaluation for involuntary detainment and explore options for those not meeting criteria for a 5150 hold.

Standardize best practice to improve staff interactions with families and patients. Consistently use the AB1424 Family Information Form as indicated in state law. Prioritize continued education on family engagement with staff and active feedback from NAMI.

Provide to family, as approved by the patient, an aftercare plan inclusive of medication information, follow-up services at the time of release, and educational materials applicable to the diagnosis.
Appendix: Report Recommendations

7. Provide, with patient consent, information to the family regarding the decision about the level of care, and document such in the medical record.

8. County to provide CSP patients with face-to-face or telephone introduction when possible for follow-up county services recommended on discharge.

9. Recommend a change in accreditation vendor in the CSP from CARF to the Joint Commission.
10. County should explore increasing crisis residential resources and other 24 hour transitional residential treatment similar to Telos, (only 10 beds) with strong staffing support, to decrease discharges to unstable living situations or homelessness.

11. Working with CSPs across California, with input from consumers and families, identify and implement best-practice standards.

12. Implement changes in the medical clearance process and lab testing process to avoid unnecessary and redundant trips to the Emergency Department.
13. Evaluate capacity of the CSP to be determined along with a diversion plan or extra capacity that ensures the patient safety and improved service model.

14. Continue efforts to reduce staff turnover in the CSP and PHF, through improvement in wage scales, training, and improvement in the culture of care.

15. Empower nursing and social work/therapists through competitive wage scales, autonomy / leadership opportunity. Encourage and reimburse for specialty certifications.

16. Foster leadership stability and engagement and inclusion of Telecare staff in system of care discussions with Santa Cruz County.