

ADVOCATING FOR CRISIS CARE

NAMI California Conference 2018

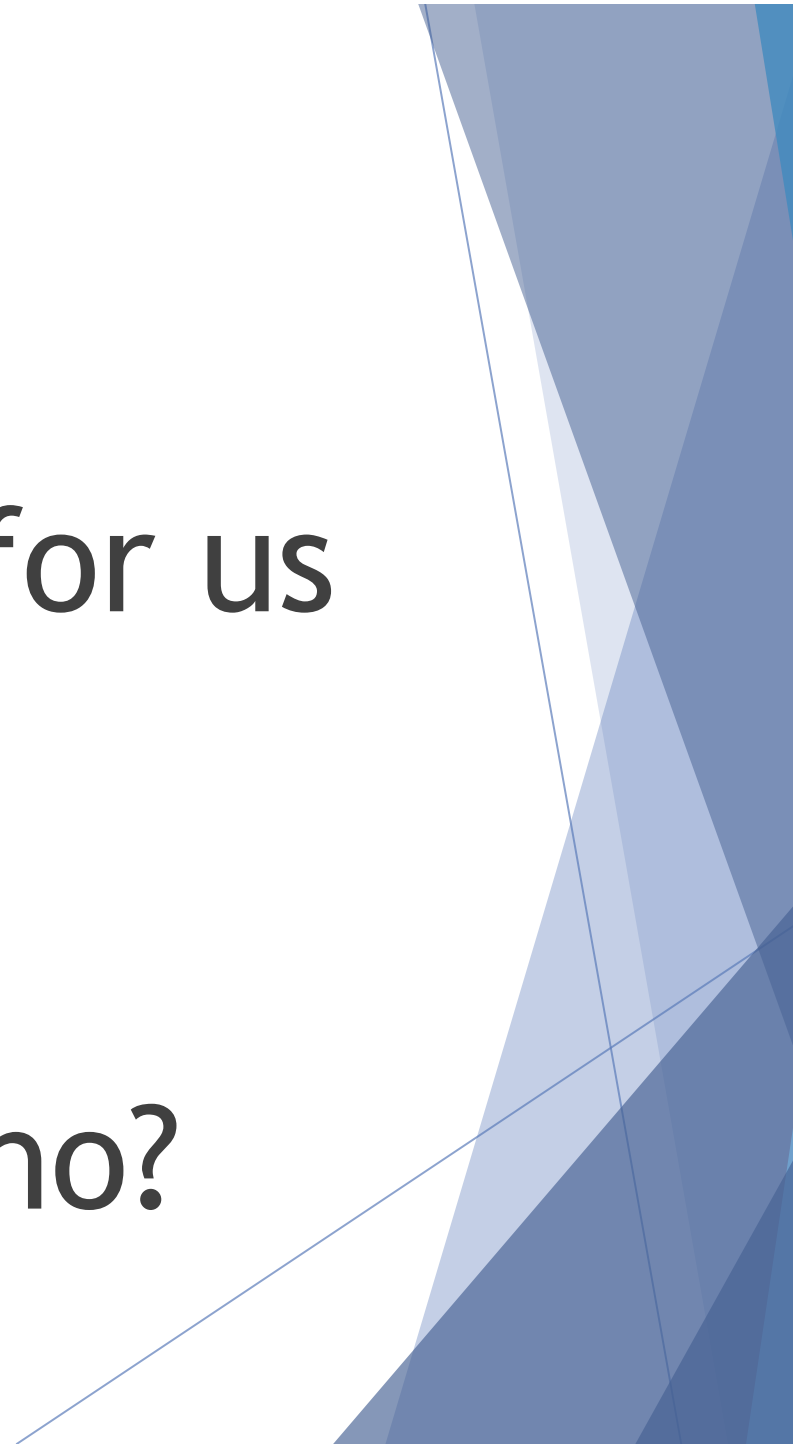
Carol Williamson, President, NAMI Santa Cruz County

Michael Fitzgerald, Zayante Group



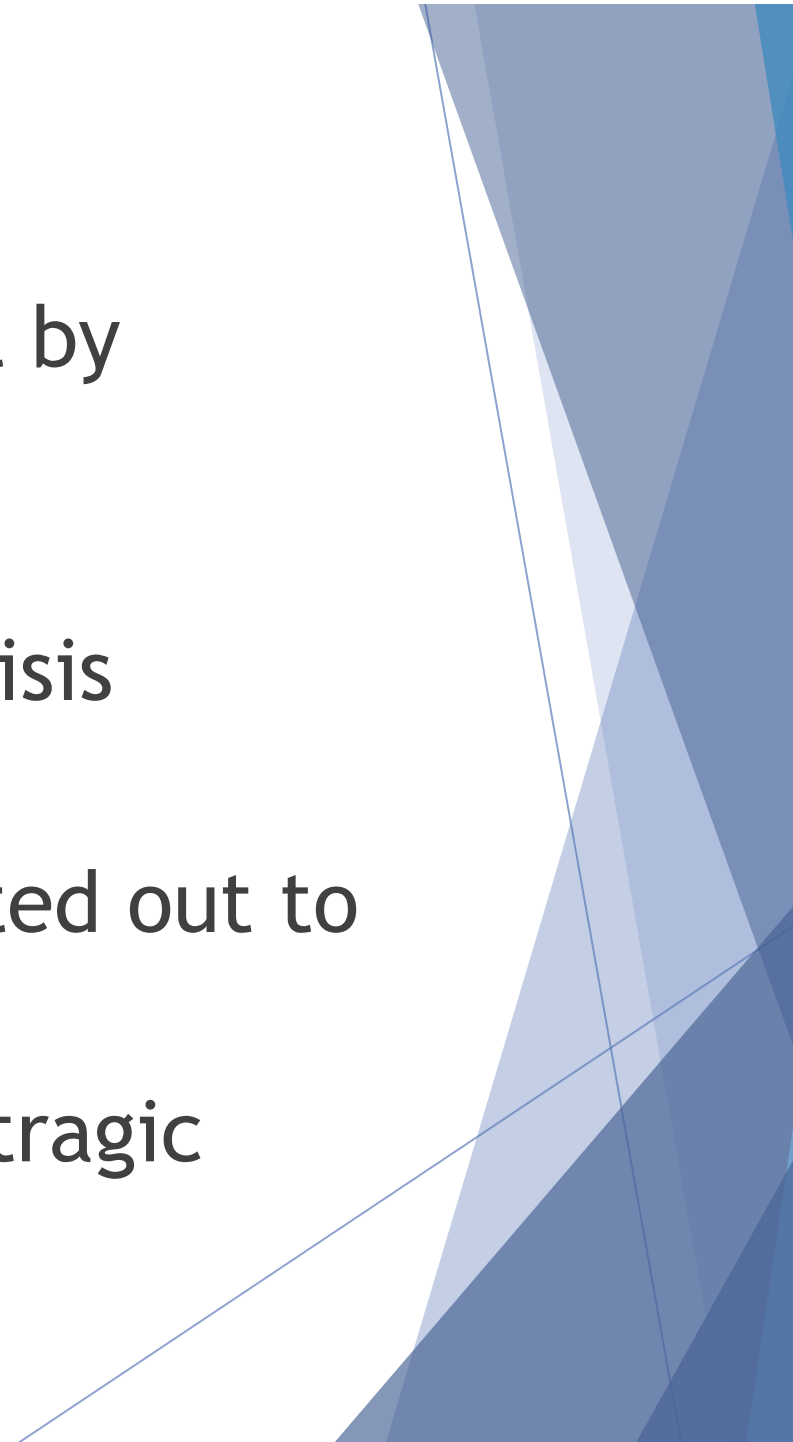
Why Advocate?

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



ackground

- ▶ 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?

2

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

(of 2)

Many clients sent far away out of county

Inadequate food in CSP

Inadequate space and comfort

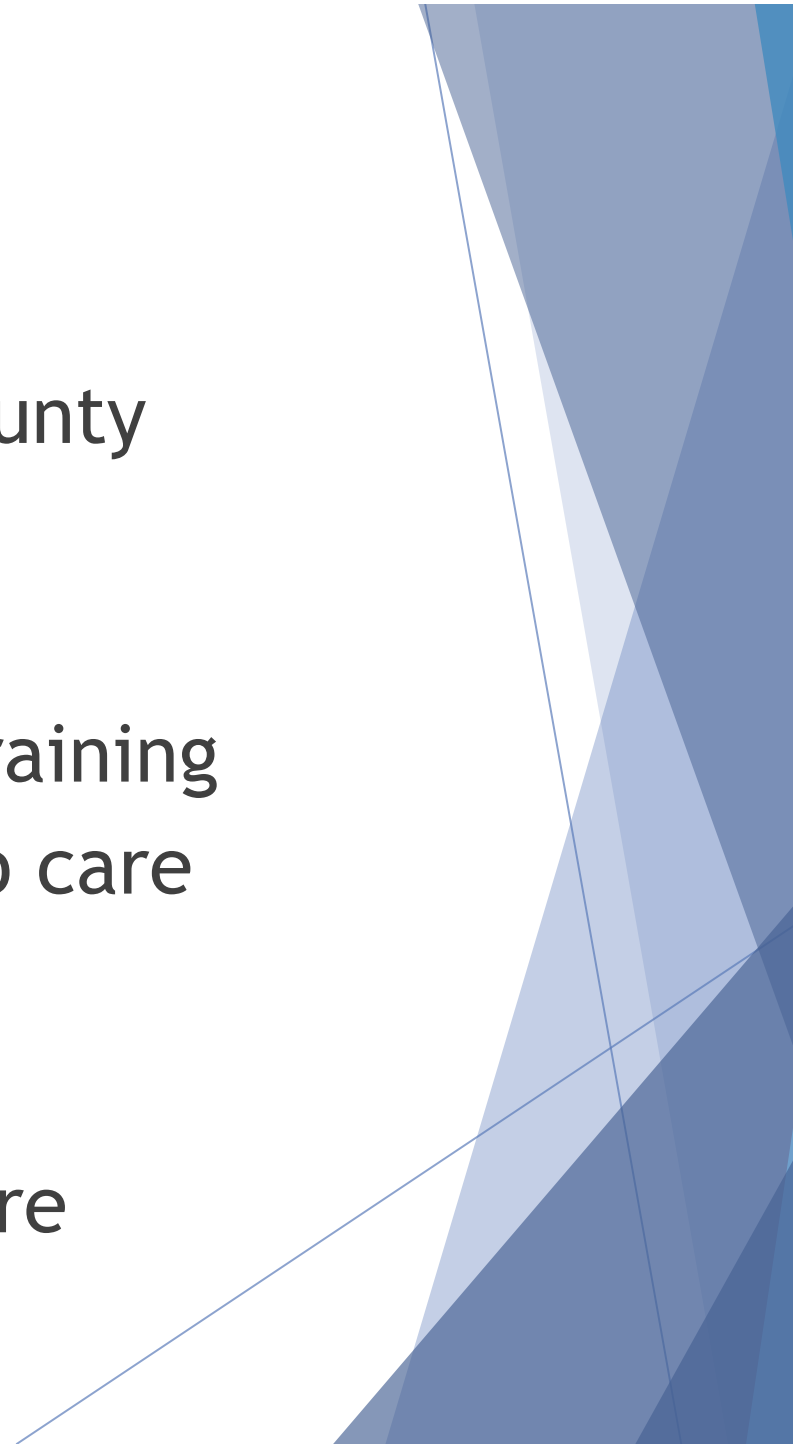
Staffing vacancies and inadequate training

Releases without adequate follow up care

Revolving door

Law enforcement concerns

County responses to NAMI concerns were insufficient



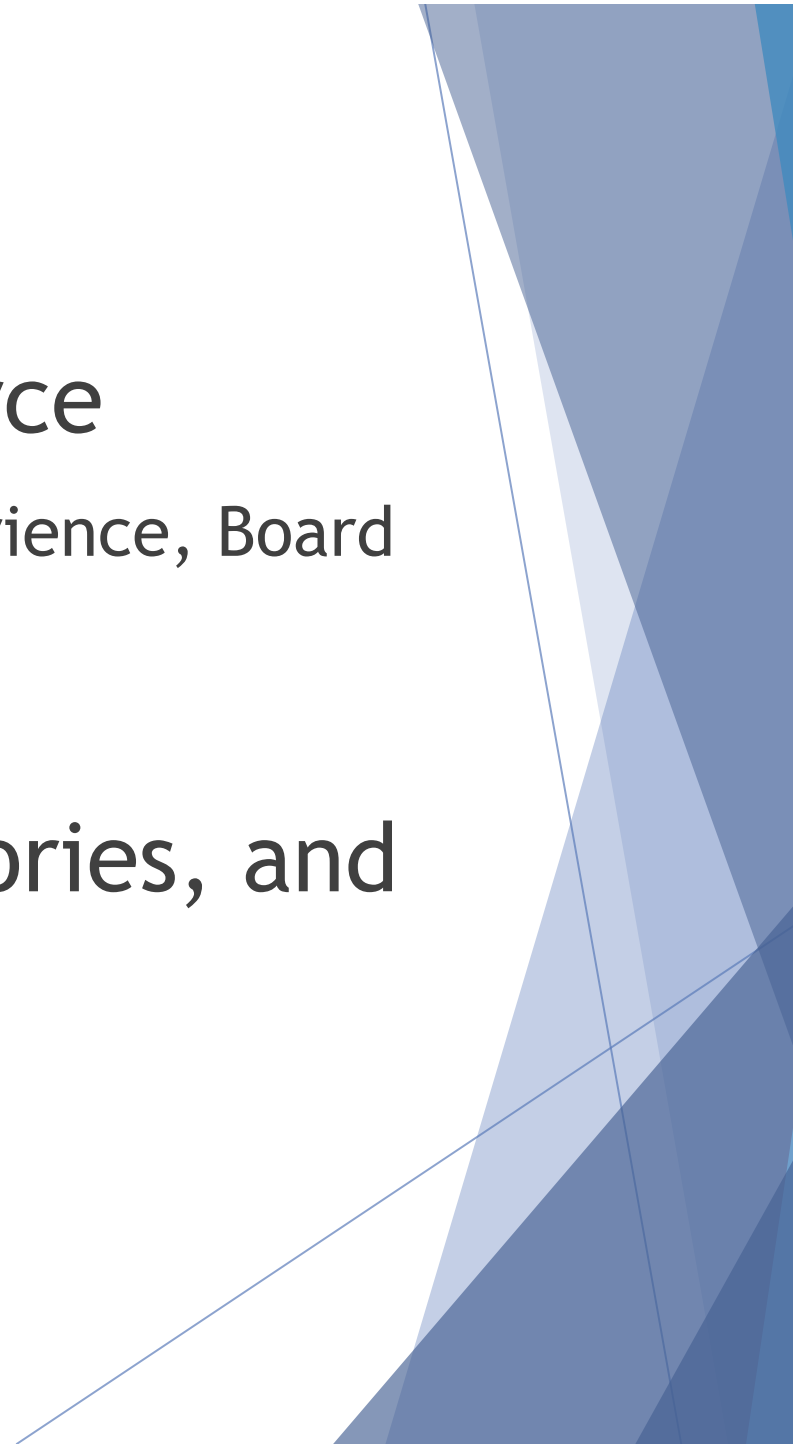
Strategy and Decisions

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

rocess

ge 1 of 3

Many meetings

Developed a list of improvement requests.

Sent strong letter to top leadership of contractor.

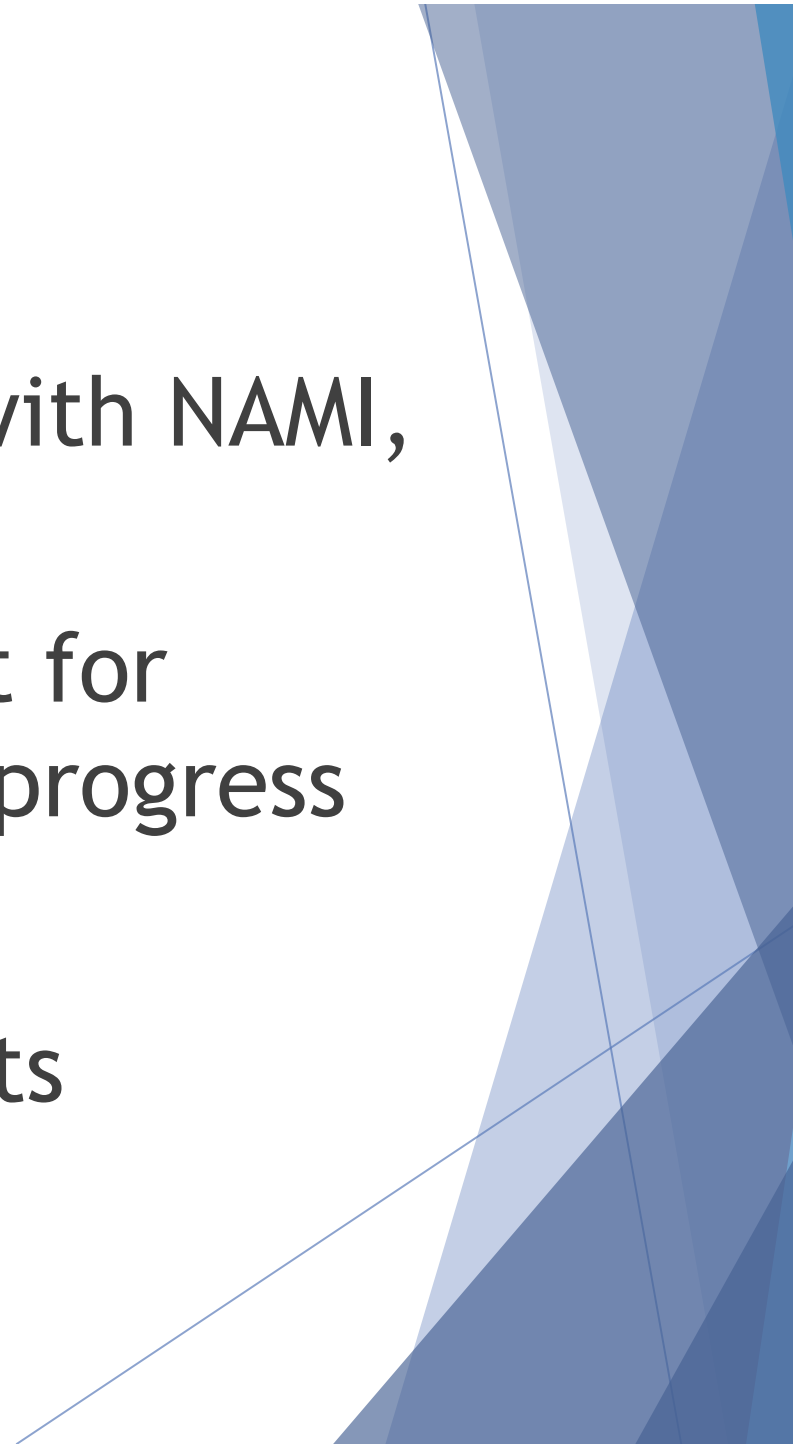
Contractor responsive and stated strong commitment to improvements



Process

2 of 3

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



rocess
of 3

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

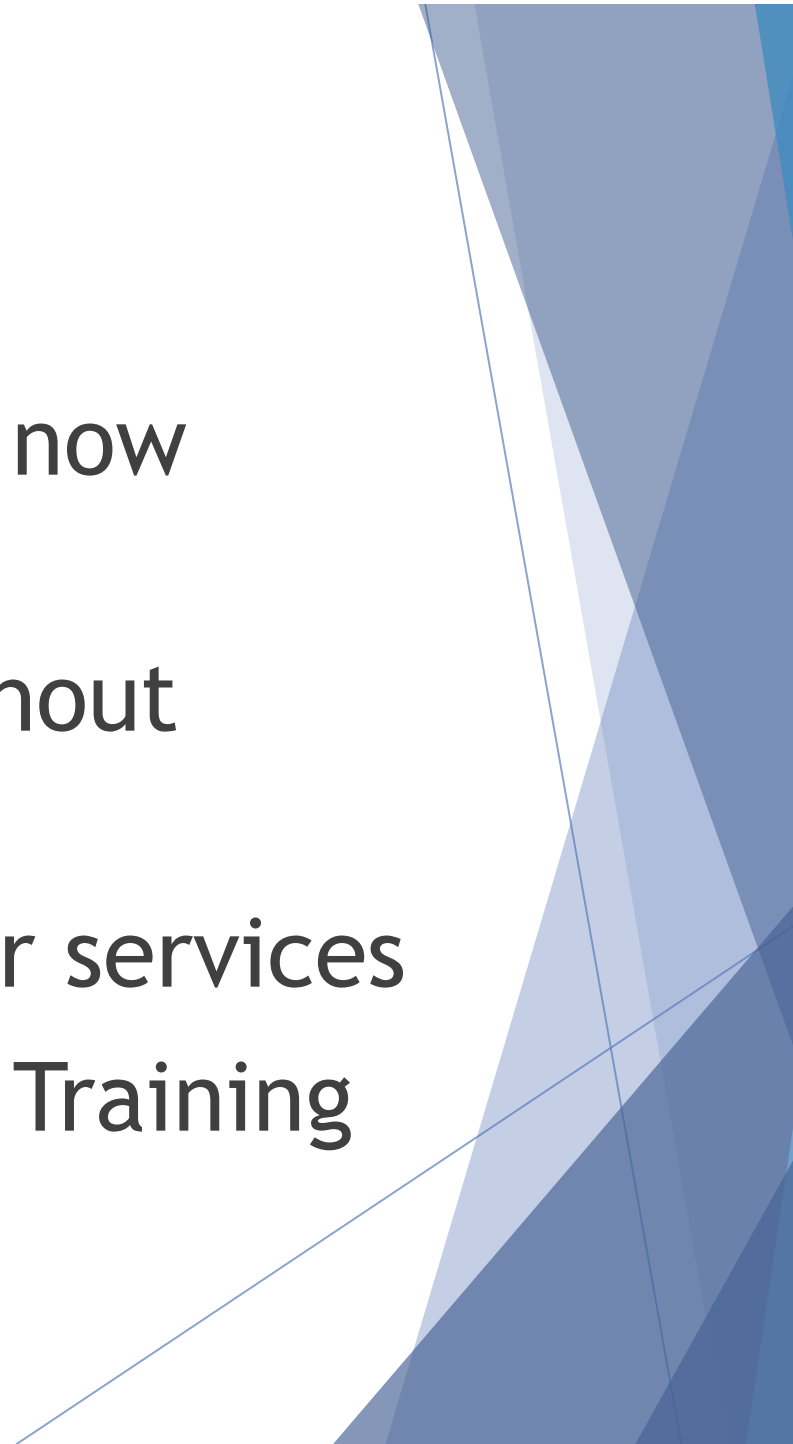
The Family Information Form is now widely used

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



Lessons Learned and Tough Questions of 2

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

Lessons Learned and Tough Questions of 2

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

ur 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

Set a Goal - Narrow it Down

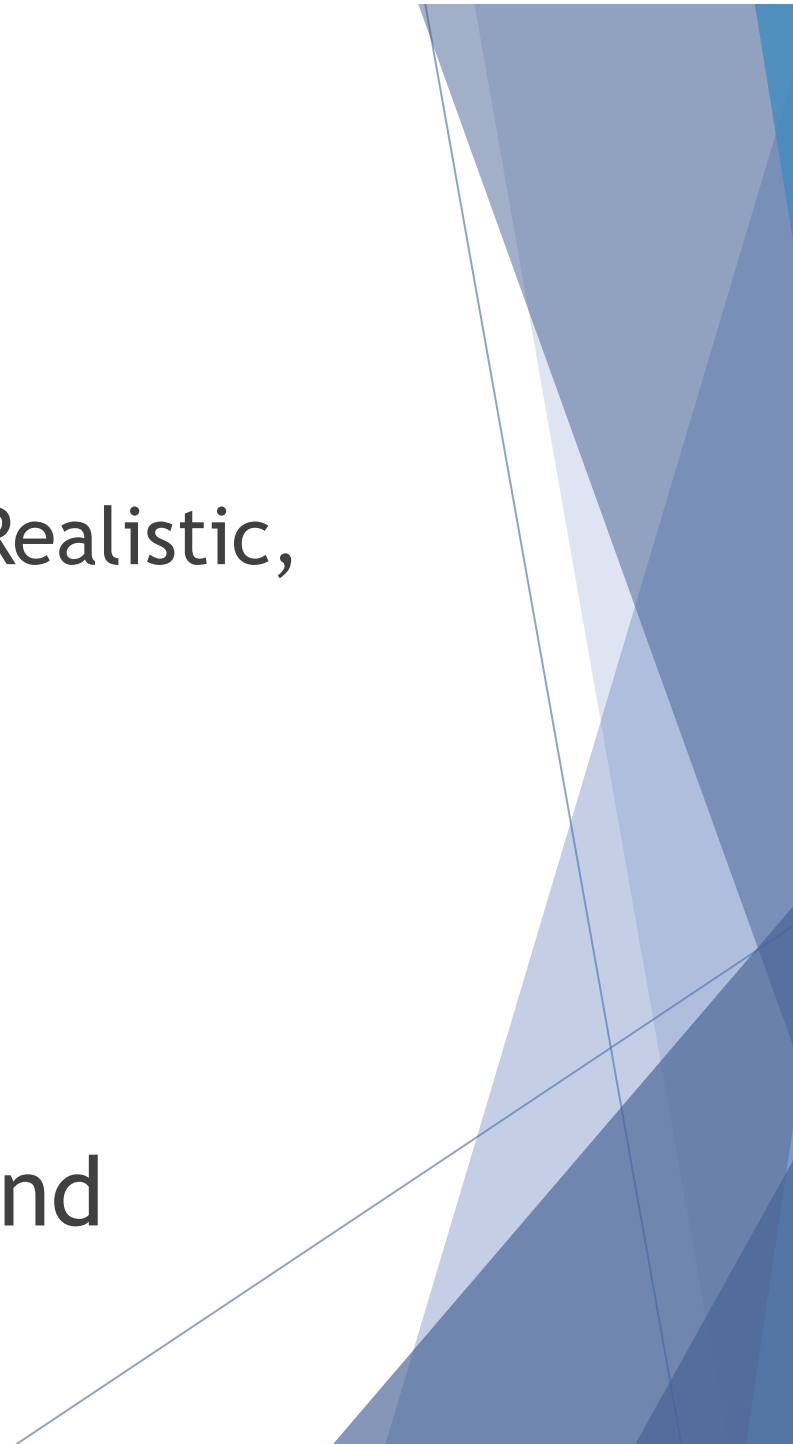
- ▶ Specific, Measurable, Actionable, Realistic, Time-Bound

Define your message

Build a team

Map out your timeline

Develop your communications and activities



Questions?

KS

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

NAMI Santa Cruz Carol Williamson: cwilliamson@namiscc.org, 831.824.0406

Technical Advisor Michael Fitzgerald mfitzgerald@zayantegroup.org 650.988.7792

Appendix: Report Recommendations

misc.org/advocacy

Page 1 of 5

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 services, including staffing allocations.

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 consistently perform the intake crisis assessment.

Ensure staff evaluating the patient reviews the 5150/5585 form to determine if police are requesting notification for potential charges, and 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.

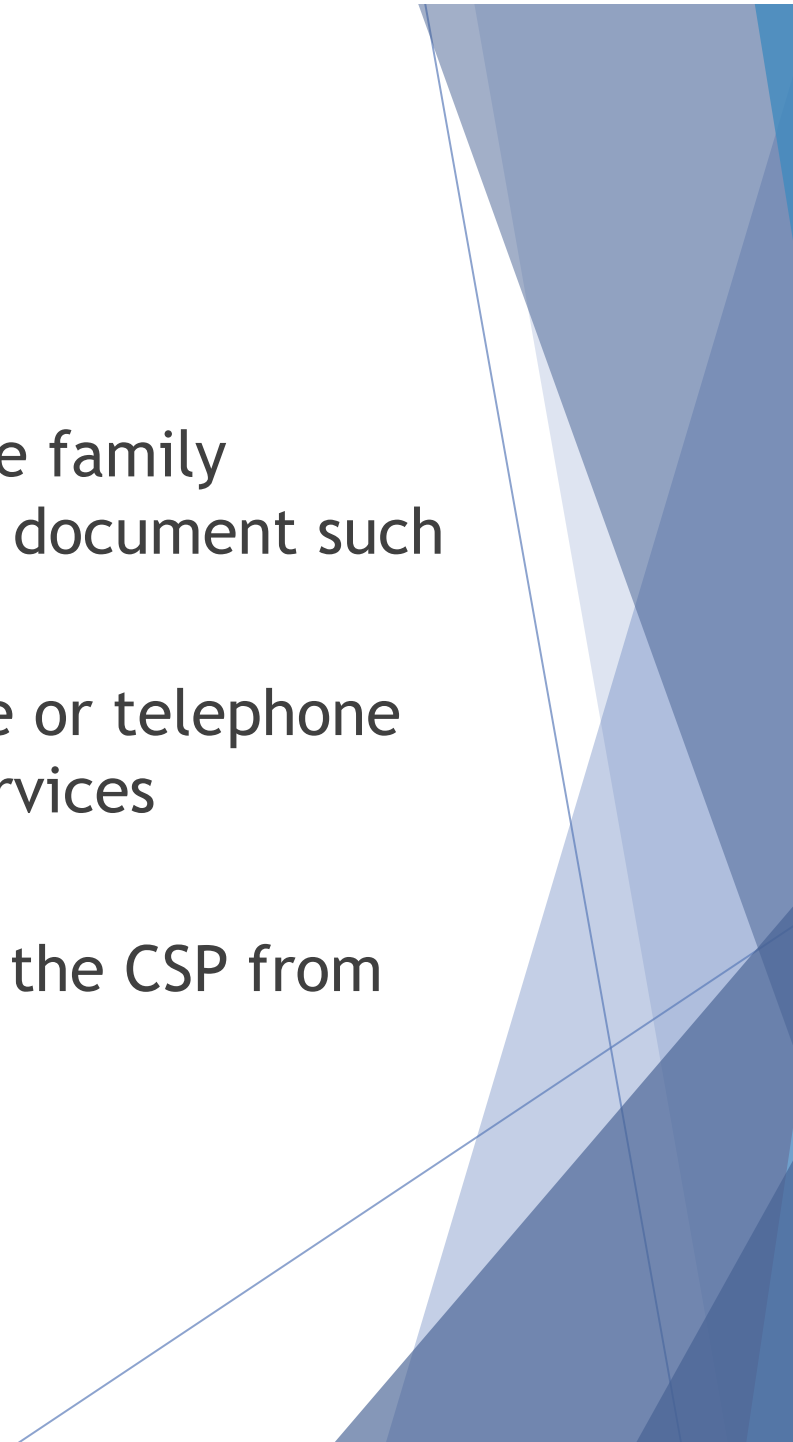
Provide to family, as approved by the patient, an aftercare plan inclusive of medication information, follow-up services at the time of release, and educational materials applicable to the diagnosis.

Appendix: Report Recommendations

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

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

Recommend a change in accreditation vendor in the CSP from [redacted] to the Joint Commission.



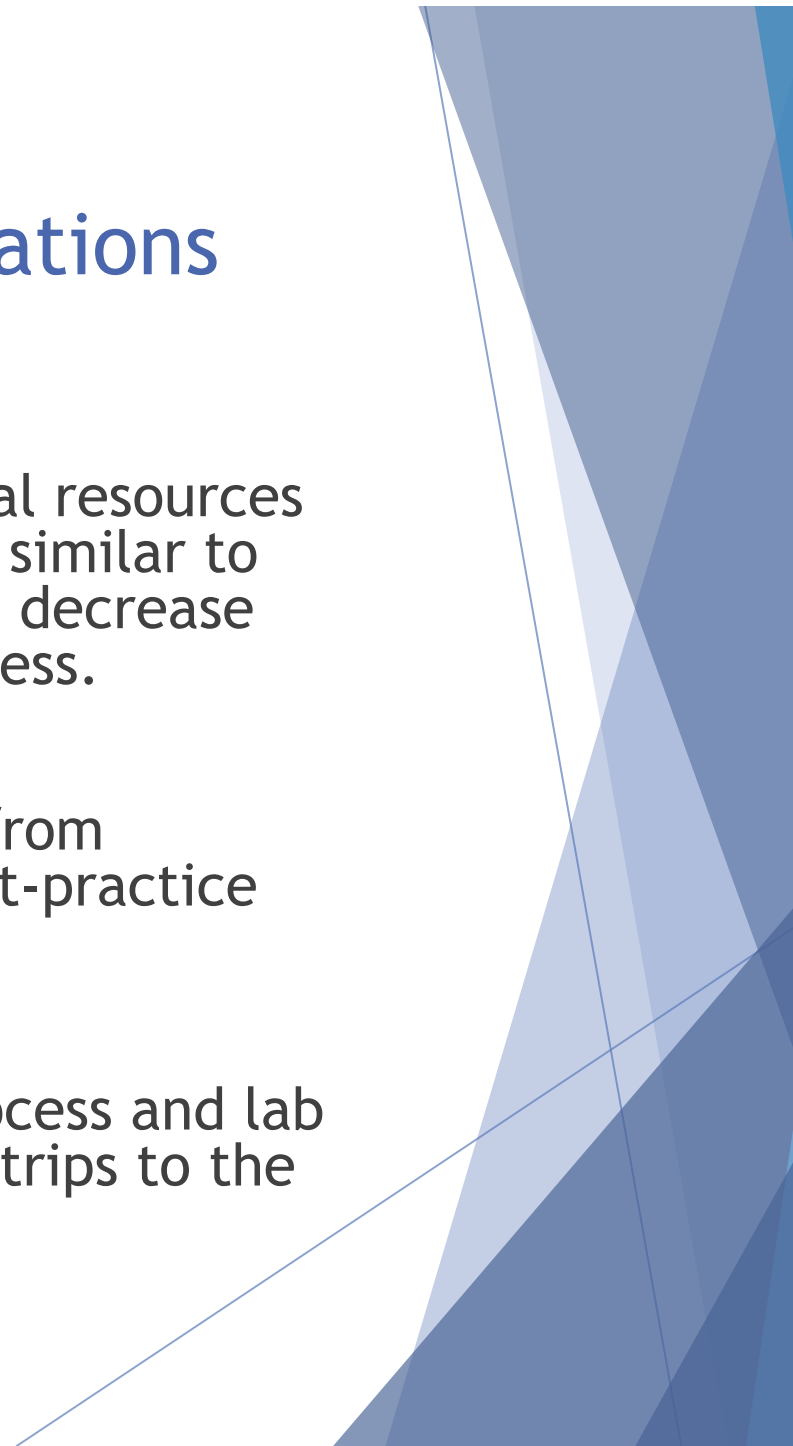
Appendix: Report Recommendations

Page 4 of 5

. County should explore increasing crisis residential resources and other 24 hour transitional residential treatment similar to Los Angeles, (only 10 beds) with strong staffing support, to decrease emergency department discharges to unstable living situations or homelessness.

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

. Implement changes in the medical clearance process and lab testing process to avoid unnecessary and redundant trips to the Emergency Department.



Appendix: Report Recommendations

of 5

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.

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

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

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