JOHN GEORGE PAVILION
PSYCHIATRIC EMERGENCY SERVICES (PES)

CAPACITY ISSUES: Causes and Potential Solutions

Rebecca Gebhart, Acting HCSA Director
Karyn Tribble, PsyD, LCSW, BHCS Deputy Director
Background – John George Psychiatric Hospital

• John George Psychiatric Hospital opened in 1992.

• JGPH inpatient units serve both involuntary and voluntary patients who have an acute psychiatric illness.

• JGPH provides psychiatric consultation, 5150 clearance, and referral to appropriate mental health agencies on the Highland and Fairmont Campuses, as well as at the Alameda Health System Wellness Centers.
Background – JGP PES & Inpatient Services

JGP PES

• The Psychiatric Emergency Service (PES) provides psychiatric evaluation, intervention and referral for both voluntary and involuntary patients 24/7. Crisis intervention and urgent medication assessments provided.

• An individual may stay in PES for up to 24 hours.

JGP Inpatient Services

• The John George Psychiatric Hospital has a total of 80 licensed Inpatient beds (69/80 currently available for use).

  • Treatment includes medication, psychotherapy, milieu therapy, group therapy, occupational therapy and activity therapy.

• Inpatient Admissions: 3,077 (Average Length of stay = 7-8.5 days)
Background – JGP PES Overview

1,430 PES patients per month

- 1,200 ambulance/law enforcement arrivals
- 230 Walk-ins

- Total PES Patients per month
- PES Ambulance/Law enforcement Arrivals
- EMS Field Screens
- Emergency Department (ED) Screen & Transport
- Walk-ins
Background – Acuity and Utilization

Out of 1,430: 75% are not admitted to JGP inpatient
  - Are stepped down to other facilities or released to home/community.

Out of 1,430: Approximately 250 are High Utilizers of care
  - 250 High utilizers (4+ PES admits within 12 month period)
    - Of the 250, ~90 WANT TO BE THERE to feel safe (voluntary)

1,430 • Total PES Patients per month

1,430

1072 • NOT Admitted to JGP Inpatient Units. (~75%)

1072

250 • “High Utilizers”

250

90 • Voluntary PES “High Utilizers”

90
CAUSES of Capacity Issues & Overcrowding – *A Culture of Care*

- Alameda County is the Highest 5150 per capita in state
- “Culture of Care” rather than jail in Alameda County
- More humane than handcuffs/squad car/jail
- Process for 5150 Holds can be expedited, and lead to greater resources for the individual compared to arrests
CAUSES of Capacity Issues & Overcrowding – *Delays in Treatment*

- A thorough screening can lead to delay in patient flow.
- Psychiatrist/ staffing challenges.

**CAUSES**

- Culture of Care
- Step-Down Resources in Community
- Space Capacity
- In-Patient Beds
CAUSES of Capacity Issues & Overcrowding – *Space capacity in PES*

- **Current physical space in JGP PES is **LIMITED**, although community need remains high.**
- **JGP is the only PES** directly screening for and placing individuals in inpatient care.
- **Licensing / certification issues limit use of alternative spaces within the current facility; requiring planning and capital reinvestments in order to increase PES footprint.**
CAUSES of Capacity Issues & Overcrowding – Inpatient beds Capacity

- **JGP has 69 Inpatient beds for all county residents** (licensed for 80 total).

- **Inpatient utilization generally operates at above 90% on a regular basis, limiting availability. In comparison:**
  - Contra Costa County has 23 inpatient beds
  - Santa Clara County has 50 beds

- **County-by-County Acute Care Inpatient Psychiatric Bed Distribution (California Hospital Association data):**
  - Alameda County: 19.06 beds per 100K population
  - Contra Costa County: 9.87 beds per 100K population
  - Santa Clara County: 8.91 beds per 100K population
CAUSES of Capacity Issues & Overcrowding – *Step-Down Resources in Community*

- Coordinating care for patients needing Step-Down resources in the community **requires additional time.**

- Community Resources **are limited and often filled to capacity.**

- Short-term treatment options not associated with residential care are **limited.**

CAUSES

- Culture of Care
- Delays in Treatment
- Space Capacity
- In-Patient Beds
MULTIPLE COMPLEX CAUSES....

...REQUIRE MULTIPLE TYPES OF SOLUTIONS
Potential SOLUTIONS to Capacity Issues & Overcrowding - *PES Staffing*

- JGP to add additional “Triage Doctors” to screen and stabilize clients
  - Increase will enable patients to be screened 20 hours / day, seven days per week.
  - Rapid screening, assessment, and coordination of care can occur – and possibly divert patients to more appropriate levels of care.
  - Status – Effective June 24, 2016
Potential SOLUTIONS to Capacity Issues & Overcrowding - *Community Resources*

- Increase community capacity for step down services
- Pilot Short-Term treatment program to provide continuity of care and intensive post-discharge treatment in community.
- Two SB82 capital projects underway expected to open 12-18 months.
- Explore shorter term options
Potential SOLUTIONS to Capacity Issues & Overcrowding - *ED Telepsychiatry Pilot*

- Approve EDs to extend and release 5150s
  - Status:
    - St. Rose pilot underway
- Consideration for San Leandro and Alameda Hospital
Potential SOLUTIONS to Capacity Issues & Overcrowding - *Existing Resources*

- Strategic use of existing resources:
  - Sobering Center
  - Recovery residences
  - Emergency housing options
Potential SOLUTIONS to Capacity Issues & Overcrowding - *Expand JGP Capacity*

**• Capital project to increase inpatient beds and PES footprint**
  - Cost +/- $30M

**• Status**
  - Plans explored in 2013, no movement due to need to secure funding.
NEXT STEPS

**Short-Term Action Items (6-18 Months)**
- Additional “Triage Doctors” at PES
- Stable Psychiatrist Staffing
- St Rose Tele-psychiatry
- Use of Wellness Centers & Other Community Based Resources at Discharge

**Long-Term Planning & Action Items (12 Months +)**
- SB82 Grant Awards (CSU’s & CRT’s)
- JGP Inpatient & PES Capital Expansion
QUESTIONS?