

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

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.**

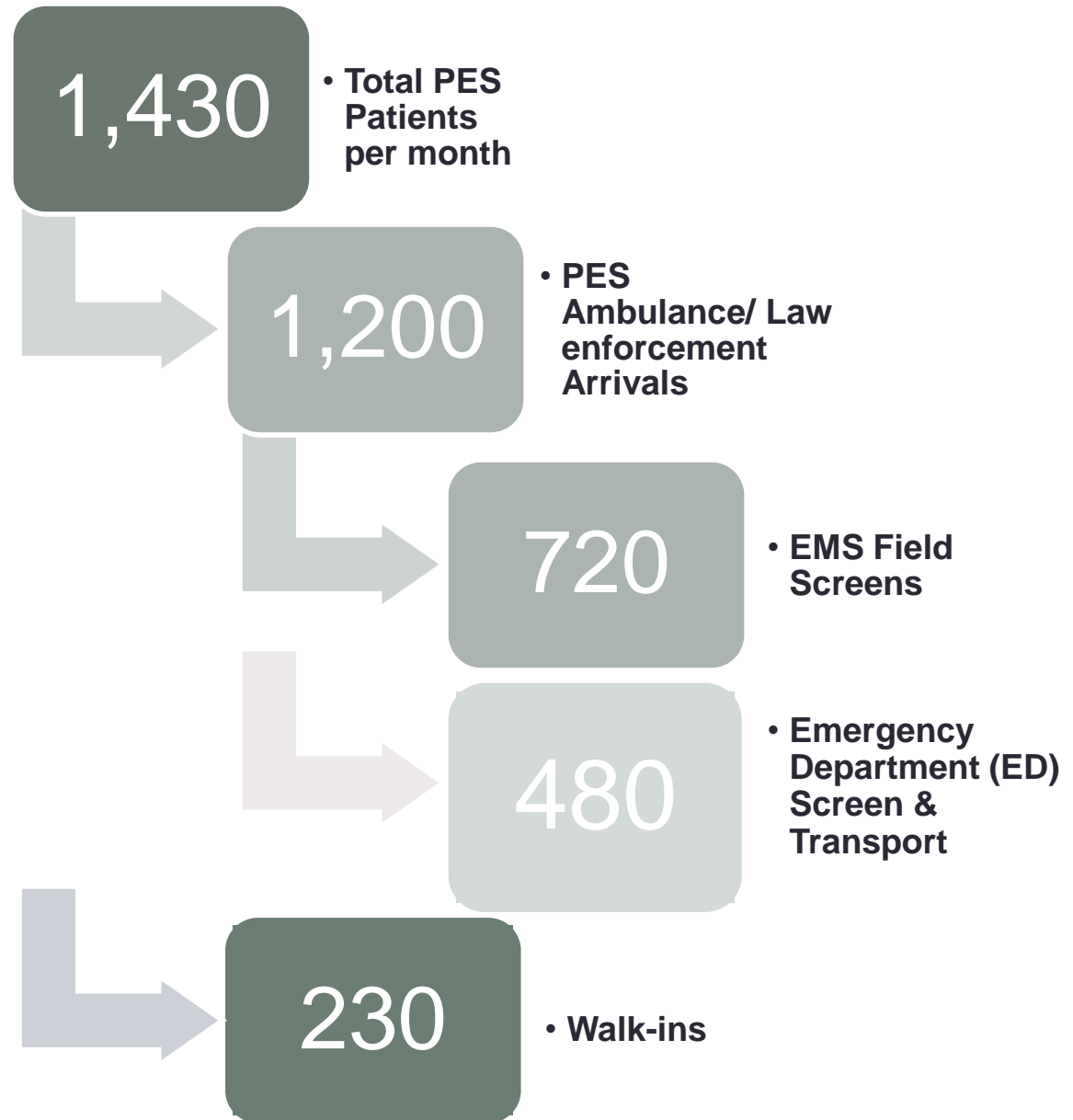
JGP Inpatient Services

- **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



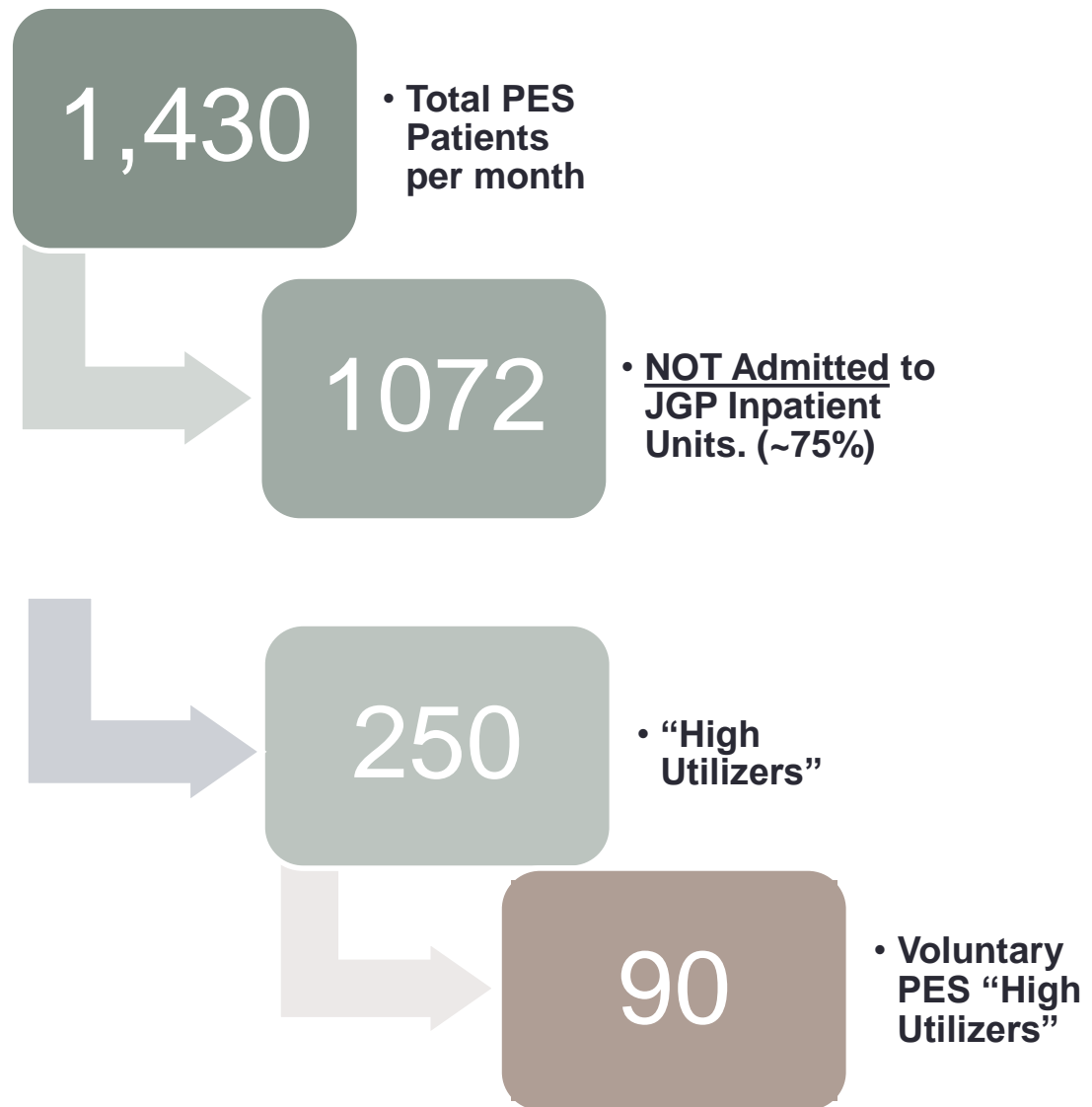
Background – Acuity and Utilization

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)



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

CULTURE OF CARE

CAUSES

Delays in Treatment

Space Capacity

Step-Down Resources in Community

In-Patient Beds

- 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 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.

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*



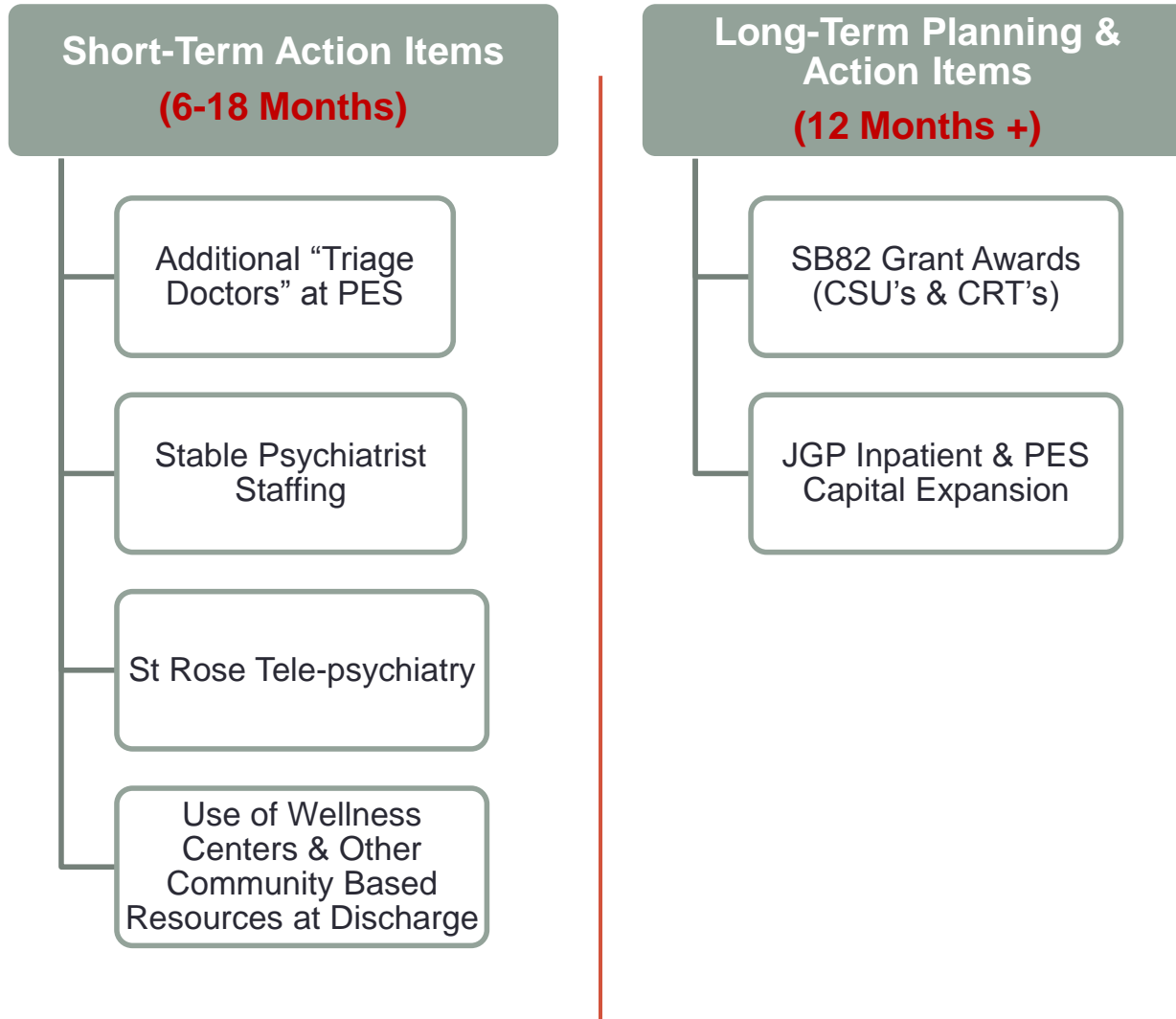
- Strategic use of existing resources:
 - ✓ Sobering Center
 - ✓ Recovery residences
 - ✓ Emergency housing options

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



QUESTIONS?
