

Better Health for All

Santa Clara Valley Health & Hospital System Administration 2325 Enborg Lane, Suite 220 San Jose, California 95128 Phone: (408) 885-4030 Fax: (408) 885-4051

DATE:	October 31, 2018
TO:	Honorable Members of the Board of Supervisors Jeffrey V. Smith, M.D., J.D., County Executive
FROM:	René G. Santiago, Deputy County Executive/Director, SCVHHS
	Matthew Gerrior, Director of Custody Health Services Matthew Gerrior
SUBJECT:	Custody Health Services System of Care

On March 20, 2018 Vice President Chavez requested information relating to the Behavior health teams in the jail, how many clients the teams serve, how long-term success and effectiveness will be measured, and the correlation between service dosage and with amount of resources and time expended. She also requested information relating to protocols and practices whereby Custody Health Services (CHS) informs the Office of the Sheriff staff about detainees' mental health and medical needs, and barriers to that process that have not been addressed .

Since the implementation of HealthLink, CHS has better data to measure and define the services and patients served in the custody setting. As can be seen in the presentation, CHS is transforming its service model, moving from the provision of episodic care to implementing a patient centered system of care. CHS will measure access to care, as well as the system of care, to insure quality of care.

Regular updates will be provided to the Health and Hospital Committee and quarterly special study sessions of the Board of Supervisors.

Attached is a PowerPoint presentation that was presented at the October 10 Health and Hospital Committee that outlines the CHS system of care. The presentation addresses the change process undertaken by CHS, the array of services available, initial data on the number of adult custody patients screened and assessed, as well as some early success which can be seen as result of the deployment of Behavioral Health Teams and other activities. For example, the average length of stay on 8A has decreased 20% while the volume has increased by 16%.

Santa Clara Valley Health & Hospital System is owned and operated by the County of Santa Clara.

Please let us know if there are additional questions or concerns.

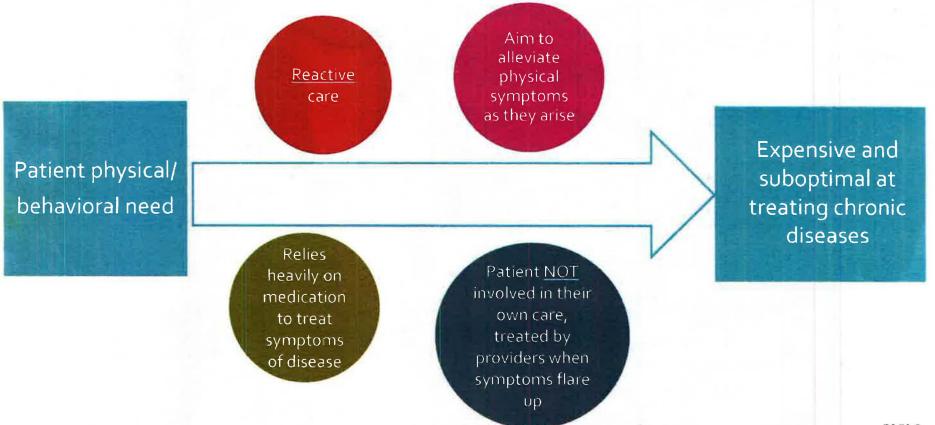
cc: Miguel Marquez, Chief Operating Officer James R. Williams, County Counsel Megan Doyle, Clerk of the Board Chief Board Aides Mercedes Garcia, OBA Agenda Review Administrator

County of Santa Clara Health System

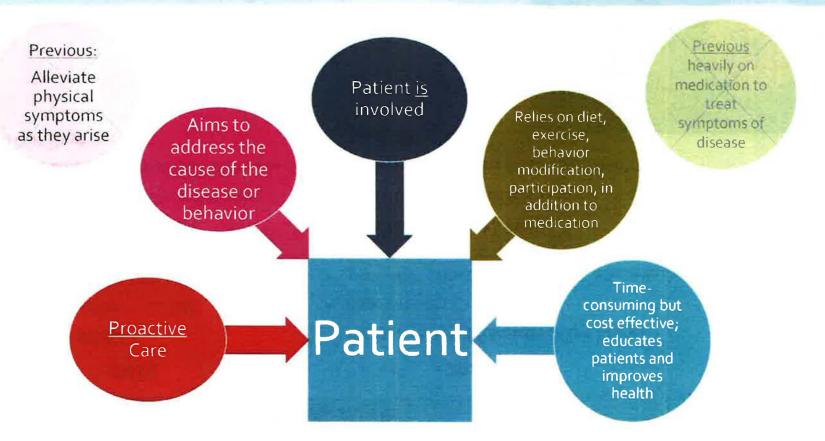
Custody Health Services

Data Presentation Matt Gerrior, RN, MBA, MSNc, DHAc Nathaniel Woods, PsyD October 11, 2018

Previous State: Episodic Care System



Current State: Patient Centered System of Care



Comparison of CHS 2015 versus 2018

2015

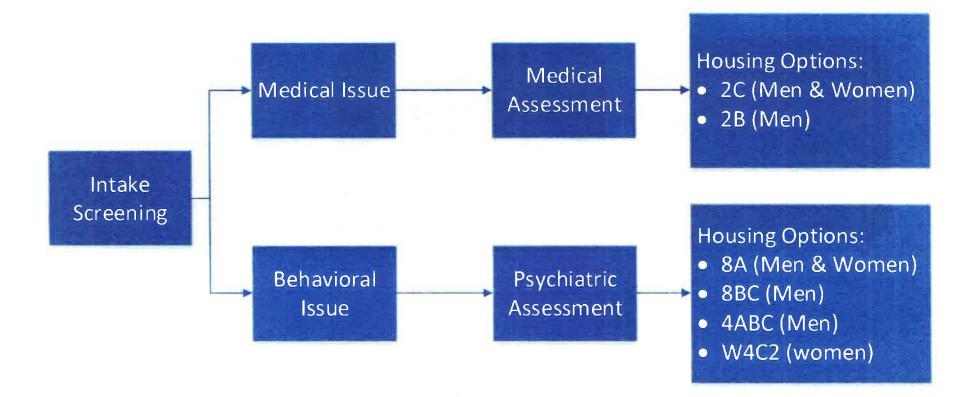
- Episodic Care Model
- 1.5 FTE for Psychiatry coded
 - Less than 2 Psychiatrist for 4000 patients
- Irregular use of contracted Psychiatrist
- No Behavioral Health Teams
- Crisis Intervention staff at 20 clinicians
- Inpatient/Outpatient treatment clinicians 8
- Total CHS Staff 215

2018

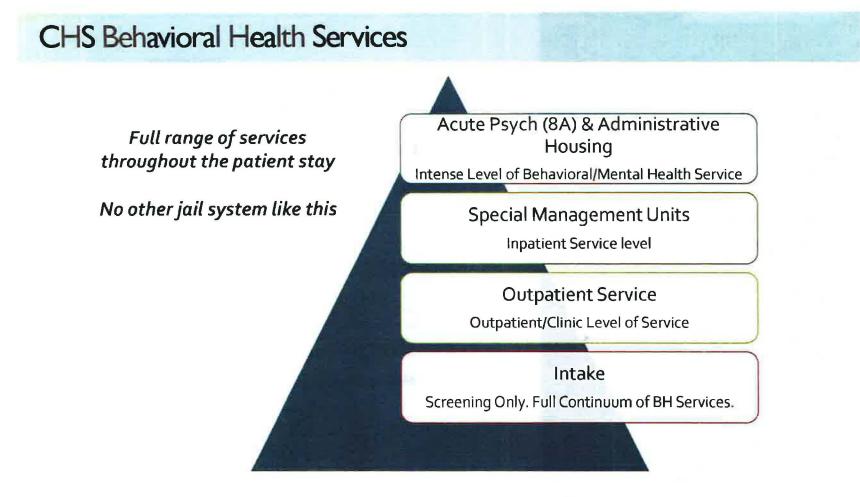
- Patient Centered Consistent Care Model
- Psychiatrist 9.5 coded
- 7-9 TBH Psychiatrists (Booking & 8A coverage)
 - 17 Psychiatrists for 3400 patients
- 10 Behavioral Health Teams
- Crisis Intervention staff now at 14
- Inpatient/Outpatient treatment clinicians 29
- Total CHS Staff 280

Productivity is about being effective with your time, energy, resources, and talent.

Current State: System of Care - Healthcare Booking Process



Current State: Custody Health Services Flow **Custody Medical &** Intake Booking Release Initial Screening **Behavioral Health** • Programs • Tier 1 assessment Treatments • Who • Tier 2 assessment Outpatient • State of Physical/ Mental Behavioral Health Health • Community assessment Services • Plan Medications Treatment Medication





Unique

We are the only Custody Health Service in the world using the acute care model at this time



First to Market

CHS is the first to use the acute care model and the largest opening of a "hospital" in Epic history



Tested

CHS vetted our information through random chart audit and system comparisons

Authenticated

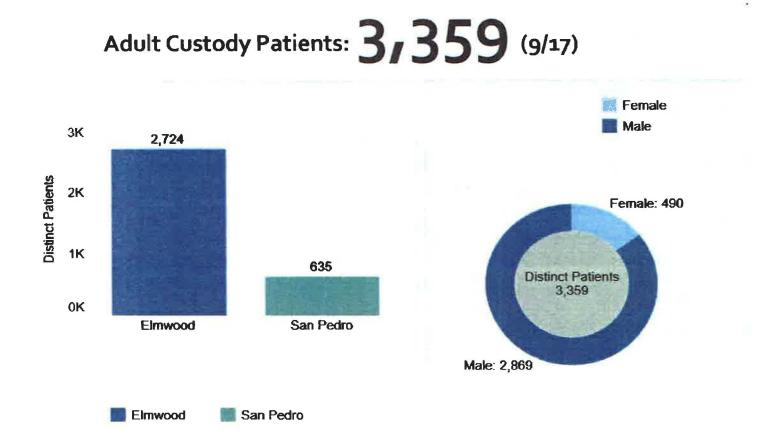
With many refinements CHS is now starting our data journey



CHS HealthLink

A Unique Approach to Measure & Define Healthcare Data in the Custody Setting

Screening: All inmates are admitted to the system and screened at intake



Custody Behavioral Health By the Numbers

3,359 <	 People screened at intake – initial medical and behavioral screening, recommendation for further assessment or housing
790	 People seen by <u>psychiatry</u> in booking, includes all levels of behavioral health services – stable through acute
305 <	 Admitted to 8A or Administrative Housing from booking to be Patients provided the most intensive behavioral services
4,920 <	Behavioral health evaluations completed
1,471	New behavioral health cases identified, all acuity levels
480 <	 Psychiatric evaluations completed for patients on 8A with the most intense behavioral services

(September 2018)

Early Results: Measuring Efficiency – Psychiatric Consult Completed

Time decreased from 3.5 hours to < 2 hours for highest acuity patients

Consult time < 2 hours for men & women in 8A and BHT

8A patients were assessed in < 1 hour

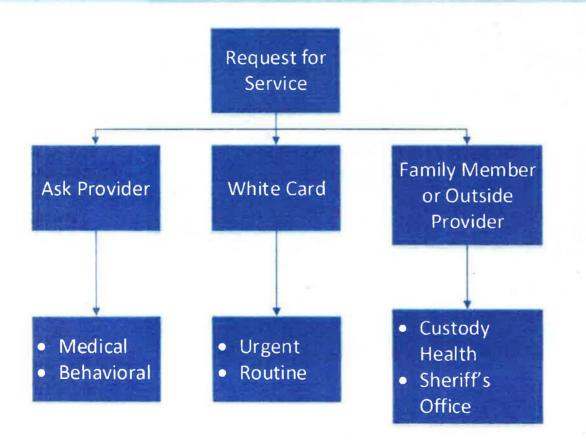
Early Results: Review of Grievances - ACeS

- Sheriff's Office reported CHS had 714 grievances over six month period
- Equals 119 / month
- 98 grievances received in the month of August

Grievances have decreased; working to reduce further Managers for medical, dental, and behavioral health assigned to review grievance

Decreased time managers expected to review grievances

Early Results: Request for Service Process



- 120 White Card requests per day (20% increase from last year)
- 5 Grievances per day through ACeS system
- Access through the Sheriff's
 Office website for Custody
 Health simplified from 7 phone
 numbers to 2

Early Improvements in Focus Areas for Custody Health

Average length of stay on 8A has **decreased 20% w**ith volume increased by 16% over the last year Steward the resources given to provide safe and efficient services

Improve both physical and behavioral health of inmate patients

Trust – have the ability to build trust in a system that will provide, in some cases for the first time, needed healthcare for the body and mind

Data collection to measure current state and plan for future state

Improve inmate patient experience and outcomes

CHS has added:

- BHT
- Initial screening
- assessments in Booking
- Leads to system of treatments to improve care

ThankYou

Matt Gerrior, RN, MBA, MSNc, DHAc Executive Director, Custody Health Service Nathaniel Woods, PsyD Director Custody Behavioural Health Service

nathaniel.woods@hhs.sccov.org