

Better Health for All



Santa Clara Valley Health & Hospital System Administration
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DATE: January 30, 2019
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
Toni Tullys, Director, Behavioral Health Services Department
SUBJECT: Off-Agenda Report Back Regarding Primary Care Behavioral Health

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Primary Care Behavioral Health

In Santa Clara County, Primary Care Behavioral Health (PCBH) integrated behavioral health services within Valley Medical Center Ambulatory Care Clinics to provide a full array of services to patients in a single site. The PCBH program was launched in 2009, when the former Department of Mental Health transitioned psychiatrists and licensed clinicians into Ambulatory Care clinics to provide mental health assessments and services. The psychiatrists and clinicians were moved into the Ambulatory Care Budget Unit (921), while other positions, such as Rehabilitation Counselors, Community Workers, Health Services Representatives (HSRs) and managers, worked in the PCBH clinics, but remained in the Mental Health, now Behavioral Health, Department Budget Unit (415).

The PCBH clinics have always focused on patient needs, with the goal of integrating behavioral health with primary care services to provide better care. The PCBH integration furthers this effort, integrating additional behavioral health staff, housing all PCBH employees within Ambulatory Care and following current best practices.
https://www.integration.samhsa.gov/integrated-care-models/behavioral-health-in-primary-care#integrated-models

Labor Relations noticed SEIU, CEMA and UAPD on the PCBH integration plan on February 14, 2017 and led the process with the CEO of Valley Medical Center, Director of Ambulatory Care and the Behavioral Health Services Director and Medical Director.

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Following seven meetings with SEIU and three meetings with CEMA, Labor Relations noticed the affected labor organizations in late November 2018 that the County would implement the PCBH Integration on February 11, 2019.

Effective on February 11, 2019, the chain of command for PCBH will be that reflected in the organizational chart provided to SEIU on July 20, 2018 and CEMA on November 30, 2018.

As part of this integration, the six and a half (6.5) HSRs from BU 415, who currently provide administrative support in the PCBH clinics, will be relocated from Primary Care sites to Specialty Care sites on February 11, 2019. SEIU and the employees have been advised that the relocation of HSRs will be conducted in accordance with SEIU MOA § 6.14, Administrative Transfers.

There are currently 6.5 HSRs in PCBH in BU 415: three at VHC East Valley, two and a half (2.5) in VHC Sunnyvale and one at VHC Gilroy. A list of destination locations for specialty sites that need HSRs and a list of the HSRs to be moved in seniority order was passed to SEIU across the table on October 15, 2018. A notice will be issued shortly inviting the HSRs to volunteer to be administratively transferred. Those volunteers will select their new work site in seniority order. Any employee who does not volunteer will be assigned to an identified specialty care site in reverse seniority. Our aim is to have those HSRs start work at their new sites effective February 11, 2019.

PCBH Patient Data Analysis

As we move towards the integration, we want to ensure that our patients receive the services that best address their needs and provide them with the greatest benefit. To that end, Behavioral Health Services will conduct a study of the PCBH patient population, and adjust the timing of the planned relocation of PCBH Rehabilitation Counselors and Community Workers in BU 415 to ensure as seamless a transition as possible for patient services.

To fully understand the current PCBH patient population, the Behavioral Health Services Department (BHSD) Decision Support team analyzed Fiscal Year (FY) 2018 data (12 months) and FY 19 data (6 months) for all PCBH patients receiving services. As noted in the chart below, the data identified a total of 5646 unduplicated PCBH patients across each of the five ambulatory care clinics: East Valley, Gilroy, Milpitas, Sunnyvale and Tully. The FY19 Year to Date (YTD) data identified 3189 unduplicated clients and demonstrated a trend of increased PCBH patients in the East Valley, Gilroy and Sunnyvale clinics.

PCBH Clients - FY18-FY19 YTD**Clinic Unduplicated Clients**

FY18 YTFY19

East Valley 2372 1317

Gilroy 919 615

Milpitas 839 276

Sunnyvale 1239 985

Tully 310 0

*Total FQHC Clients: 5646 3189***PCBH Data Analysis for High Need Patients**

The PCBH FY18 and FY19 YTD patient data identified approximately 275 patients that had used Emergency Psychiatric Services (EPS) and/or been admitted to Barbara Aron Pavilion or other contract psychiatric hospitals. These patients are equally distributed between East Valley and Sunnyvale, the two largest PCBH clinics, with only two patients in Gilroy.

This small patient cohort has experienced intensive psychiatric issues requiring the highest level of clinical care, and as a result, the Department will be conducting a “deep dive” chart review of each of these patients. Factors to evaluate may include, but are not limited to, the following:

- Frequency of their EPS visits and hospital stays
- Utilization of psychiatric, clinical and rehabilitation services
- Current level of need
- Milestones of Recovery Scale (MORS) – a recovery based evaluation tool for individuals with mental illness
- Length of stay
- Medications
- Language and culture/community
- Confirmation of assigned Primary Care physician, Psychiatrist and insurance

When completed, the chart reviews will identify what level of care would be most beneficial for each patient, and will assist us in determining what staffing will provide this identified level of care.

Next Steps

The chart review will be conducted by Sandra Hernandez, LCSW, Division Director for Integrated Services and Dinh Q Chu, LCSW, Senior Health Care Program Manager, who have managed the PCBH clinics and are knowledgeable about the PCBH patients and services.

While individuals with intensive psychiatric needs are usually served in the Department's specialty clinics, the chart review will provide information that will focus on their current service needs. If the chart review identifies a patient/patients that would benefit from more intensive services in the specialty clinics, the managers will organize a care conference with the psychiatrists, clinicians, rehab counselors and community workers to discuss the patient's needs and identify next steps. This could result in either a recommendation to move a patient into specialty services or to continue to provide care within the PCBH clinic. In either case, the patient and their family, if appropriate, will be included in a care plan discussion and will have the right to remain in PCBH, if that is their preference.

On January 25, 2019, Labor Relations and the Directors of Behavioral Health and Ambulatory Care met with SEIU and Rehabilitation Counselors, Community Workers and a PCBH clinician. The County shared a memo that included the data analysis, chart review and next steps. Two staff raised concerns that the population we proposed to study was too narrow (MORS 3 and 4 only, individuals with high risks or poorly coping) and asked if we could analyze the same data for MORS 5 (poorly coping, but engaged in services). The Behavioral Health Director agreed to ask the Decision Support team and the PCBH clinical managers to also review this specific patient cohort.

cc: Miguel Marquez, Chief Operating Officer
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