

DATE: April 11, 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,
County of Santa Clara Health System

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René Santiago

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Matthew Gerrior, Director of Custody Health Services

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SUBJECT: Health Care at William F. James Ranch

This report addresses the referral made by the Board of Supervisors on February 12, 2019, directing Custody Health Administration to provide an off-agenda report on date uncertain requesting clarification and additional information about clinical nurse staffing and 24-hour coverage of William F. James Ranch (James Ranch), 911 response time, facility of choice for transports and Behavioral Health services offered.

1. Medical Staffing Criteria and Analysis

In general, medical staffing at James Ranch is based on population trend, utilization of services, level of return from the Ranch, number of times the tele-nursing system was used, and overall discussions with the Health System administration and the County Executive's Office. Staffing is periodically reviewed and adjusted when needed.

In September 2018, the staffing level for medical services at James Ranch was increased from 8 hours to sixteen 16 hours of licensed nurse coverage per day, 7 days per week including holidays and weekends. It must be noted that prior to the increase, nursing coverage at James Ranch was not fixed at 8 hours per day. Depending on the need, nursing coverage was sometimes increased from 8 to 12 hours. Since Custody Health had sufficient staffing to provide up to 12 hours of nursing coverage, increasing nursing coverage to a fixed 16 hours per day only required the addition of a 0.5 FTE Clinical Nurse.

The Institute of Medical Quality, which inspects James Ranch and Juvenile Hall for compliance under Title 15 of the California Code of Regulations, commented during its last inspection that the medical program at Juvenile Hall and staffing coverage at James Ranch was a model for the industry.

2. Type of Medical Coverage after Nursing Hours

For minor injuries or simple medical concerns such as a small cut or skin blemish, triage and consultation is available 24/7 through Tele-nursing which allows youths to consult a nurse at Juvenile Hall through video. All probation supervisors are trained to use Tele-nursing for injuries or simple medical concerns that may occur when a nurse is not on-site.

A physician is available on Thursdays from 9:00 a.m. to 12:30 p.m. For emergency medical situations that cannot wait for triage and consultation, 911 is called immediately. There were four (4) calls to 911 in 2018.

3. Why 24/7 Nursing Coverage is Not Needed

Because “lights out” (bed time) at James Ranch starts at 9:00 p.m., there is minimal or no nursing activity required once the nurse leaves at 9:30 p.m. Tele-nursing is available during these hours.

All youths at James Ranch receive a pediatrician’s physical exam, immunization updates, communicable diseases screening, vision screening, and dental screening at Juvenile Hall to ensure that they are medically fit to participate in rehabilitation programs prior to being sent to James Ranch. If a youth’s health becomes unstable while at the Ranch, the Charge Nurse will conduct a triage assessment based on standard protocol. For non-emergencies, the Charge Nurse would make arrangements to have Probation staff transport the youth to either the hospital or to Juvenile Hall if the youth’s condition is deemed safe for transport by non-medical personnel. If the youth’s condition is urgent, 911 will be called.

Since some youths are also allowed to go home on weekends, some youths are taken by their parents to see their own healthcare provider. However, all youths who go home during weekends are evaluated by a Registered Nurse based on standard protocol upon their return. If there are any medical concerns, they are transferred for immediate care to a hospital or to Juvenile Hall for further evaluation and medical observation.

4. Terms and Conditions for Transporting Youths from James Ranch to Juvenile Hall

Youths who are referred to James Ranch are expected to attend school and work for the Roads and Airport Department and/or Parks and Recreation Department as part of their rehabilitation program. As such, youths must be physically fit to participate in those programs. The decision to move a youth from James Ranch to Juvenile Hall is based on the Registered Nurse’s assessment. When necessary, the Registered Nurse consults with the Juvenile Hall pediatrician. A pediatrician is available in Juvenile Hall from Monday to Friday, 8 a.m. to 5 p.m. One pediatrician is also on-call 7 days a week and can be consulted at any time.

5. 911 Response Time

There are two fire stations (El Toro and Dunne Hill) with paramedics that can respond within 3 to 5 minutes of dispatch in response to a 911 call from James Ranch. A consultation with the Emergency Medical Services (EMS) Director indicated that Rural/Metro of California, Inc., the County's exclusive provider of emergency ambulance services, met the EMS Agency's response time standards for all 911 calls from James Ranch in 2018.*

- * A copy of EMS Policy #651 regarding emergency ambulance response time standards for specific areas is attached. James Ranch is classified as a Suburban Response Area. Rural/Metro's ambulance response time requirements are based on the acuity of the call.

6. Clarification on Whether Youth Shall be Sent to Valley Medical Center or Saint Louise Hospital

Pursuant to EMS Policy #602-911 EMS Patient Destination, patients who require emergency ambulance service are transported to the approved facility most appropriate for their emergency medical condition (please see attached).

7. Behavioral Health Services at James Ranch

Given that the length of stay can vary at Juvenile Hall from approximately 27-42 days and a commitment at James Ranch lasts between 6 to 8 months, the approaches related to behavioral health services are different in that the emphasis on assessment and stabilization are much more prominent at Juvenile Hall, whereas, the services at James Ranch are more focused on treatment.

The Behavioral Health staff at the Ranch includes two contract providers: (1) Starlight Community Services and (2) Pathway Society, Inc. Psychiatry services are provided by the County.

Starlight Community Services

Starlight's current staffing at James Ranch includes **5.0 FTE Mental Health Clinicians**. The current staffing was increased in FY 17-18 from 3.0 FTE to 5.0 FTE in order to address the increased census at the Ranch. Clinicians provide services seven days a week and are available to respond to crisis and stabilize youths as needed.

The clinicians provide a range of services and treatment in support of the emotional and psychological health of youths. The service delivery model is based on Transformational Care Planning. Services are person-centered and individualized, family driven, developmentally, culturally and linguistically sensitive, strength-based and trauma-informed.

Clinicians provide integrated assessments and treatment services to youths whose level of functioning, symptoms, and psychiatric history necessitate service intervention to help them achieve agreed-upon desired outcomes, achieve a sense of their own power, and have the ability to positively influence their own lives. In addition to assessment and individual therapy, clinicians also provide family therapy for youths and families where family disruptions, discord and conflict are a factor in the youth's emotional and psychological wellbeing.

The Starlight practitioners also provide an array of evidence-based practices or promising practices which include but are not limited to: Trauma-Focused Cognitive Behavioral Therapy, Cognitive Behavioral Therapy, Seeking Safety, Seven Challenges, Aggression Replacement therapy, Adolescent Community Reinforcement Approach, as well as Motivational Interviewing. These practices are selected based on the individual presentation of each youth and shared decision making with the youth regarding the desired outcome. Clinicians elicit from the youth their hopes and dreams and build a treatment around wellness and recovery.

Pathway Society, Inc.

Pathway Society, Inc. (PSI) has provided services to youths at James Ranch for over 15 years.

3.0 FTE Counselors provide an array of substance use treatment services. PSI practitioners are experienced in providing drug and alcohol treatment services for high-risk gang-involved and adjudicated youth.

PSI treatments are developmentally based and tailored to meet the specific needs of clients and families. PSI collaborates with the Juvenile Probation Department and participates in multi-disciplinary team and case conference meetings, as well as works with the County-operated Substance Use Prevention Services and community partners.

Clinicians and counselors conduct assessments and use individualized treatment plans that emphasize appropriate therapeutic approaches to increase the likelihood that adolescents will develop positive coping skills, prevention skills and decision making skills. Evidence-based and evidence-informed practices that emphasize both internal and external asset development are implemented with youths, as well as cognitive behavioral techniques to model, lead and encourage youths to make healthy pro-social decisions regarding drug and alcohol use.

PSI also administers *Seven Challenges* at the Ranch. This evidence-based practice can be provided to groups or individuals. *Seven Challenges* stimulates youths' awareness about what is happening in their life. As youths begin to understand their own values and motivations, they become open to the possibility of learning new skills which are better aligned with their values. PSI also provides family counseling when needed or requested by a youth.

Psychiatry

Psychiatry services are provided by the Santa Clara County Behavioral Health Services Department. Currently, the assigned **child psychiatrist** provides 8 hours of service (.20 FTE) once a week and treats approximately 4-7 patients at any given time. Psychiatry services include initial Psychiatric medication evaluation and regular follow-up appointments.



911 EMS PATIENT DESTINATION

Effective: April 27, 2017
Replaces: February 12, 2015
Review: April 27, 2019

I. Purpose

The purpose of this policy is to ensure that all patients who require emergency ambulance service are transported to the approved facility most appropriate for their emergency medical condition.

II. Patient's Choice

- A. Patients shall be transported to their facility of choice as long as the requested facility meets the requirements of this policy and regardless of their ability to pay.
- B. During times of EMS System surge, patients may be assigned to hospital destinations and may not be able to select a specific destination. Examples of EMS System surge include, but are not limited to, multiple patient events, activation of standard dispatch orders, states of local emergency, etc.

III. Routine Patient Destination

- A. The routine patient destination is a basic or comprehensive emergency department in an acute care hospital or the emergency department of a federally owned and operated hospital as identified in *Table B: Approved In-County Services*.
- B. Patients are to be transported to a routine patient destination unless the patient meets the "In-Extremis", "Specialty Care", or "Special Circumstances" patient destination criteria identified in this policy.
- C. If no patient preference, routine patients shall be transported to:
 - 1. The closest hospital to the incident location as determined by the total emergency ambulance transport time; **and**,
 - 2. That is accepting emergency ambulance patients as is identified in *Table B: Approved In-County Services*.

IV. In-Extremis Patient Destination

- A. A patient that is determined to be "In-Extremis" presents with a condition that benefits most from immediate emergency ambulance transportation to the closest hospital.
- B. An In-Extremis patient is defined as a patient that presents with one or more of

the following:

1. A breech presentation or protruding limb during a delivery.
 2. A visible external bleed that cannot be controlled by EMS personnel where significant blood loss continues to occur despite the use of direct pressure and/or application of a tourniquet.
 3. The inability to be ventilated adequately following the use of appropriate basic and advanced airway adjuncts and procedures.
- C. In-Extremis patients shall be transported to the hospital that is:
1. The closest to the incident location as determined by total emergency ambulance transport time; **and**,
 2. That is **not** on internal disaster.

V. Specialty Care Destination

- A. In some circumstances, the most appropriate facility is one that offers specialized services based on the EMS providers primary impression of the patient's condition and based on the criteria of this policy.
- B. The "most appropriate hospital" for specialty care patients is the hospital that is:
1. The closest to the incident location as determined by total emergency ambulance transport time; **and**,
 2. Is designated to provide the specialty service desired; **and**,
 3. Is accepting emergency ambulance patients.
- C. **Trauma Patients** – A patient that is categorized as a "Major Trauma Victim" (MTV) according to *Santa Clara County Prehospital Care Policy 605: Prehospital Trauma Triage*.
1. Trauma patients that do not meet Major Trauma Victim (MTV) criteria shall be transported to a destination prescribed by Section III: Routine Patient Destination.
 2. MTVs shall be transported to a Trauma Center identified in *Table B: Approved Services* and shall adhere to the catchment areas that have been established in *Santa Clara County Prehospital Care Policy #403: Trauma Center Service Areas*.
 3. In addition to the provisions of *Santa Clara County Prehospital Care Policy #603: Emergency Department Diversion and Trauma Center Bypass*, if **all** Trauma Centers are not accepting emergency ambulance patients, the patient shall be transported to the:

- a. Closest emergency department to the incident location as determined by total emergency ambulance transport time; **and**,
 - b. That is accepting emergency ambulance patients.
4. A pediatric patient (under 15 years old) who meets Major Trauma Victim (MTV) criteria as described in *Santa Clara County Prehospital Care Policy #605: Prehospital Trauma Triage*, shall be transported to:
 - a. The closest Pediatric Trauma Center, as identified in *Table B: Approved In-County Services*, to the incident location as determined by total emergency ambulance transport time; **and**,
 - b. That is accepting emergency ambulance patients.

D. Psychiatric Patients

1. Psychiatric patients shall be transported to a facility equipped to provide appropriate care. Psychiatric patients in need of medical evaluation shall be transported to the facilities identified in *Table B: Approved In-County Services*.
2. Patients who require psychiatric care shall be transported to an appropriate facility in accordance with their medical needs as a priority. The receiving facility may transfer the patient to a psychiatric facility after stabilization.
3. Patients with no medical complaint may be transported to the destination established by the law enforcement agency responsible for executing the 5150 hold.

E. Burn Patients – Patients meeting major burn criteria as per *Santa Clara County Prehospital Care Policy #605: Prehospital Trauma Triage* shall be transported to the burn center at Santa Clara Valley Medical Center (VMC) via the Trauma Center.

1. If Santa Clara Valley Medical Center (VMC) Trauma Center is not accepting emergency ambulance patients, the patient meeting major burn criteria shall be transported to:
 - a. The closest trauma center identified in *Table B: Approved In-County Services* to the incident location by the total emergency ambulance transport time; **and**,
 - b. That is accepting emergency ambulance patients.
2. Patients meeting major burn criteria and having additional concurrent trauma, and if the traumatic injuries poses the greater risk of morbidity or mortality, shall be transported to:

- a. The closest trauma center identified in *Table B: Approved In-County Services* to the incident location by the total emergency ambulance transport time; **and**,
- b. That is accepting emergency ambulance patients.

F. Stroke Alert Patients

1. Patients that are identified as meeting Comprehensive Stroke Alert Criteria according to *Santa Clara County Prehospital Care Policy 700-A13: Stroke* shall be transported to:
 - a. The closest Comprehensive Stroke Center identified in *Table B: Approved In-County Services* to the incident location as determined by total emergency ambulance transport time; **and**,
 - b. That is accepting emergency ambulance patients that meet stroke alert criteria.
2. Patients that are identified as meeting Primary Stroke Alert Criteria according to *Santa Clara County Prehospital Care Policy 700-A13: Stroke* shall be transported to:
 - a. The closest Primary Stroke Center identified in *Table B: Approved In-County Services* to the incident location as determined by total emergency ambulance transport time; **and**,
 - b. That is accepting emergency ambulance patients that meet stroke alert criteria.

G. STEMI Alert Patients – Patients that are identified as meeting STEMI Alert Criteria according to *Santa Clara County Prehospital Care Policy #700-A08: Suspected Cardiac Ischemia* shall be transported to:

1. The closest STEMI Receiving Center identified in *Table B: Approved In-County Services* to the incident location as determined by total emergency ambulance transport time; **and**,
2. That is accepting emergency ambulance patients that meet STEMI Alert.

H. ROSC (Return Of Spontaneous Circulation) – Adult Patients achieving ROSC of cardiac etiology according to *Santa Clara County Prehospital Care Policy #700-A07: Cardiac Arrest* shall be transported to:

1. The closest STEMI Receiving Center identified in *Table B: Approved In-County Services* to the incident location as determined by total emergency ambulance transport time; **and**,
2. That is accepting emergency ambulance patients that meet ROSC criteria.

VI. Special Circumstances

- A. In some situations, special circumstances may have a direct relation to the selection of the most appropriate transport destination. Within this section, "County" shall mean the EMS Duty Chief, EMS Agency, County Medical-Health Branch or any other position or function designated by the EMS Agency.
- B. **EMS System Surge / Multiple Patients Events**
 - 1. When Central Patient Routing is in effect, all patient destination assignments will be directed by the County through County Communications.
 - 2. Patients may be transported to acute care hospitals out of the county only when directed by the County.
 - 3. If out of county mutual aid ambulance are being used in the Santa Clara County Operational Area, unless directed by the County, all transports will occur in accordance with the destinations prescribed in this policy.
 - 4. When authorized and as directed by the County, patients may be transported to Alternate Care Sites (ACS), Field Treatment Sites (FTS), or Mobile Field Hospitals (MFH).
- C. **Base Hospital Directed Destination** – Patients may be transported to any in-county destination authorized within this policy when directed by the Base Hospital.
- D. **EMS Air Resource Destination** – Patient destination shall be determined by the ground crew and provided to the air crew.
 - 1. If the pilot believes that flight to the selected destination is unsafe, the flight crew will advise the ground crew and a destination will be determined collaboratively and according to the direction provided in this policy.
 - 2. When a ground crew is not present or if the ground crew is not designated EMS providers, the flight crew shall determine destination based on this policy.
- E. **Transport to out of county Hospitals from Santa Clara County**
 - 1. Patients may be transported to out of county hospitals only when permitted by this policy.
 - 2. Santa Clara County prehospital care personnel shall determine and honor out of county 911 ambulance diversion statuses prior to beginning transport.
 - 3. Santa Clara County prehospital care personnel shall notify the out of county hospital of their pending arrival.

F. Destination Changes While Transporting

1. A patient may change their requested destination at any time as long as the ambulance has not arrived on hospital property and the requested destination meets the requirements of this policy.
2. If the ambulance has arrived on the property of an acute care hospital, patient care shall be transferred to the staff of such hospital.
3. If enroute to a hospital, the patient wishes to leave the ambulance, EMS personnel shall:
 - a. Attempt to convince the patient to continue to the selected destination or to the closest emergency department able to receive emergency ambulance patients.
 - b. If the patient continues to wish to leave the ambulance, stop the ambulance as soon as it is safe to do so and permit the patient to leave once in a safe location and then immediately notify their communications center.
 - c. EMS providers will make efforts to keep patient safe and out of harm's way, consistent with *Santa Clara County Prehospital Care Policy #618: EMS Life Safety Procedures*.

G. Custodial Patients from the County Jails

1. The preferred destination for patients that are in custody and are from incidents occurring in the County Jail (San Jose), Elmwood (Milpitas), and Juvenile Hall (San Jose), is Santa Clara Valley Medical Center, as long as the transport is consistent with the directives contained in this policy. For example, the hospital must be accepting emergency ambulance patients. The destination is determined by jail staff, not the patient.
2. From time to time the EMS Agency will issue specific transport policies related to ambulance transport of high risk/high profile inmates. These policies will augment the direction provided within this policy.

H. Incidents Occurring at Acute Care Hospitals – In the event that an acute care hospital is the incident location, patients shall be transported to the emergency department of the incident location hospital, except:

1. When the acute care hospital is not accepting emergency ambulance patients.
2. When multiple patients require transport and must be distributed to multiple acute care hospitals.
3. When the acute care hospital requests a 911 emergency ambulance response to transport patient in accordance with Santa Clara County Prehospital Care Policy 401: Interfacility Transfer-Ground Ambulance.

I. **Veterans** – Patients that are veterans may be transported to the Palo Alto Veterans Administration Hospital (PAV) if:

1. Requested by the patient; **and**,
2. If transport is consistent with the directives contained within this policy.

Table A: Approved Santa Clara County Facilities

Facility	City	ID
El Camino Hospital of Los Gatos	Los Gatos	LGH
El Camino Hospital of Mountain View	Mountain View	ECH
Good Samaritan Hospital	San Jose	GSH
Kaiser Foundation San Jose	San Jose	STH
Kaiser Foundation Santa Clara	Santa Clara	KSC
O'Connor Hospital	San Jose	OCH
Palo Alto Veterans Administration Hospital	Palo Alto	PAV
Regional Medical Center of San Jose	San Jose	RSJ
Saint Louise Regional Medical Center	Gilroy	SLH
Santa Clara Valley Medical Center	San Jose	VMC
Stanford University Medical Center	Palo Alto	SUH

Table B: Approved In-County Services

	Approved In-County Services											
	EPS	ECH	GSH	KSC	LGH	OCH	PAV	RSJ	SLH	STH	SUH	VMC
Emergency Department		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Psychiatric Facility	✓	✓					✓				✓	✓
Burn Center												✓
Primary Stroke Center		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Comprehensive Stroke Center		✓	✓					✓			✓	
STEMI Center		✓	✓	✓		✓		✓		✓	✓	✓
Adult Trauma Center								✓			✓	✓
Pediatric Trauma Center											✓	✓
*Helipads			✓	✓			✓	✓	✓		✓	✓

***Note:** Santa Clara County EMS Agency does not designate or regulate helipads, this is intended for supplemental information use only.

Table C: Approved Out Of County Emergency Departments

Facility	City	ID
Hazel Hawkins Hospital	Hollister	HHH
Kaiser Foundation Fremont	Fremont	KFF
Kaiser Foundation Redwood City	Redwood City	KRC
Sequoia Hospital	Redwood City	SEQ
Washington Township Hospital	Fremont	WTH



COUNTY EOA EMERGENCY AMBULANCE RESPONSE TIMES

Effective: February 21, 2018
Replaces: December 1, 2017
Review: December 31, 2020

I. Purpose

The purpose of this policy is to codify established response time standards in the County's Exclusive Operating Area (EOA).

II. Applicability

- A. Fire department emergency ambulances authorized within the Palo Alto Exclusive Operating Area are not subject to the provisions of this policy.
- B. This policy applies to the County's EOA emergency ambulance service provider under contract to provide emergency ambulance services for the County.

III. Urbanization Areas and Population Density

Urban/Metro, Suburban and Rural/Wilderness areas are defined by the population density. Periodically, the County shall revise urbanization/population density coding based on the last full calendar year's population. This coding shall be used for the purpose of system deployment and performance evaluation and will be effective on the following July 1.

Urbanization Area	Population Density
Urban / Metro	101 or more people per square mile
Suburban	51-100 people per square mile
Rural / Wilderness	50 or less people per square mile



IV. Urban and Metro Areas

Requirements for Urbanization Area: URBAN/METRO		
MPDS Determinant	Ambulance Response without Public Safety ALS First Response Provider	Ambulance Response with Public Safety ALS First Response Provider
ECHO	7:59 (RLS)	11:59 (RLS)
DELTA	7:59 (RLS)	11:59 (RLS)
CHARLIE	7:59 (RLS)	11:59 (RLS)
CODE 3/If no MPDS Determinant	7:59 (RLS)	11:59 (RLS)
BRAVO	7:59 (RLS)	16:59 (Non-RLS)
ALPHA	12:59 (Non-RLS)	16:59 (Non-RLS)
CODE 2/If no MPDS Determinant	12:59 (Non-RLS)	16:59 (Non-RLS)
OMEGA	59:59 (Non-RLS)	

V. Suburban Areas

Requirements for Urbanization Area: SUBURBAN		
MPDS Determinant	Ambulance Response without Public Safety ALS First Response Provider	Ambulance Response with Public Safety ALS First Response Provider
ECHO	9:59 (RLS)	16:59 (RLS)
DELTA	9:59 (RLS)	16:59 (RLS)
CHARLIE	9:59 (RLS)	16:59 (RLS)
CODE 3/If no MPDS Determinant	9:59 (RLS)	16:59 (RLS)
BRAVO	9:59 (RLS)	21:59 (Non-RLS)
ALPHA	14:59 (Non-RLS)	21:59 (Non-RLS)
CODE 2/If no MPDS Determinant	14:59 (Non-RLS)	21:59 (Non-RLS)
OMEGA	89:59 (Non-RLS)	

VI. Rural and Wilderness Areas

Requirements for Urbanization Area: RURAL/WILDERNESS		
MPDS Determinant	Ambulance Response without Public Safety ALS First Response Provider	Ambulance Response with Public Safety ALS First Response Provider
ECHO	11:59 (RLS)	21:59 (RLS)
DELTA	11:59 (RLS)	21:59 (RLS)
CHARLIE	11:59 (RLS)	21:59 (RLS)
CODE 3/If no MPDS Determinant	11:59 (RLS)	21:59 (RLS)
BRAVO	11:59 (RLS)	41:59 (Non-RLS)
ALPHA	21:59 (Non-RLS)	41:59 (Non-RLS)
CODE 2/If no MPDS Determinant	21:59 (Non-RLS)	41:59 (Non-RLS)
OMEGA	As soon as possible (Non-RLS)	