

Better Health for All*County of Santa Clara Health System*

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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 ^{DS} RS
Sherri Terao, Director of Behavioral Health Services Department (BHSD) ^{DS} ST

SUBJECT: Emergency Psychiatric Services (EPS) Discharge Management and Warm Connections

During the Finance and Government Operations Committee (FGOC) on May 20, 2021 (Item No. 21), Supervisor Chavez requested that the BHSD provide an off-agenda report on how the BHSD is managing discharges from EPS and ensuring warm connections of individuals to providers.

BHSD Managing Discharges

EPS is a 24-hour facility that serves as a triage center that provides psychiatric assessments and evaluations for individuals who need psychiatric stabilization. Individuals are brought to EPS on a 5150 hold by law enforcement agencies, community-based organizations, and various medical or behavioral health professionals who have determined through assessment that an individual is gravely disabled, a danger to themselves, or a danger to others.

Since 2005, BHSD's 24-Hour Care program has worked collaboratively with EPS to manage discharges and ensure warm connections for individuals to behavioral health providers. The 24-Hour Care program coordinates and manages referrals for placement into Institutions for Mental Diseases (IMDs), board and care homes, shelters, and crisis residential facilities. The BHSD facilitates and participates in case conferences when necessary to effectively discharge individuals from EPS.

In 2018, with the re-design of the BHSD's outpatient services to include Intensive Full Services Partnership (IFSP) and the Assertive Community Treatment (ACT) programs, BHSD also assigned a full-time psychiatric social worker to EPS to help manage discharges with a specific focus on individuals with high utilization of EPS services. This BHSD's staff member is responsible for bridging the gap between EPS and other agencies by facilitating timely communication with providers on discharge readiness and plans, gathering collateral information from family members, and warmly connecting individuals to behavioral health services.

During the COVID-19 pandemic, the BHSD's 24-Hour Care team strengthened the care coordination efforts at EPS to help coordinate discharges to various placements. The BHSD



instituted a daily huddle with a diverse multi-disciplinary team of staff to assist with addressing the increased number of individuals waiting to be discharged with no placement options due to the shelter-in-place restrictions. The multi-disciplinary team (consisting of an EPS nurse, inpatient hospital liaison, EPS psychiatrist, Office of Supportive Housing staff, and the Intensive Outpatient contract monitor) meet daily to triage referrals and coordinate referrals to intensive outpatient programs, Behavioral Health Urgent Care (BHUC), Behavioral Health Call Center (BHCC), and to the In-Home Outreach Team (IHOT). This multi-disciplinary team also coordinates placements to the shelters for individuals who are unhoused and coordinates placement for individuals who decline to engage in behavioral health services. The BHSD staff contacts the outpatient teams directly when individuals are admitted to EPS, reviews the individual's treatment history with the providers, and obtains additional information that assist in the discharge planning process. When necessary, the BHSD troubleshoots with BHCC or BHUC and schedules case conferences for individuals who have individualized and specialized placement needs.

Ensuring Warm Connections

Currently, several programs within the BHSD are working collaboratively with EPS to ensure that individuals discharging from EPS receive a warm connection to an appropriate provider. The BHSD Inpatient and Residential Services Division's centralized authorization unit (e.g., 24-Hour Care program) is the lead program coordinating this effort. In addition to assigning a staff dedicated to EPS, a continuous quality improvement project was implemented where individuals with 2 or more EPS admits in 30 days are immediately assigned to an intensive outpatient program. Once an individual is identified as high risk for recidivism, the BHSD staff contacts the community-based agencies and assigns the individual to either an intensive team or to the IHOT. The BHSD staff works collaboratively with the EPS, community-based agencies, and family members to coordinate care and the discharge plan.

The BHSD follows the requirements of the California Department of Health Care Services' (DHCS) Network Adequacy Standards to provide access to outpatient behavioral health services within 10 days of the initial request for services. The BHSD also coordinates care with EPS to ensure timely access with the development of a Same Day Access (SDA) protocol through the BHUC for individuals who are accessing behavioral health services for the first time. This protocol provides individuals with a follow up in person outpatient appointment at the time of discharge rather than the individual calling BHUC to schedule an appointment. The goal is to increase the number of individuals who keep their outpatient appointments and reduce no shows. For individuals with existing outpatient providers, EPS would contact the outpatient treatment provider directly to schedule an after-care appointment within 5 business days of discharging from EPS. BHSD continues to work with Valley Medical Center's Chief Operations Officer (COO) and EPS nurse manager to organize a seamless pathway to ensure individuals are warmly connected to appropriate behavioral health services in a timely manner.

In addition to creating a seamless pathway through BHUC, BHSD's establishment of the Behavioral Health Triage Center at the Sobering Center has also improved and provided direct



access to treatment for individuals discharging from EPS who would benefit from substance use treatment services inclusive of a warm hand off to other services.

To ensure warm connections for all individuals admitted to EPS regardless of their insurance status, the BHSD directly connects individuals to their private insurance provider. EPS typically refers these individuals back to their private insurance providers prior to discharge and continues to work with the individuals and their families to provide guidance on following up with their health insurance providers. Whenever possible, BHSD assists individuals with connecting with their insurance providers to schedule an aftercare appointment. On a few occasions, the BHSD makes transportation arrangements with the ambulance companies for individuals who are transitioning to another county or to an unlocked residential care facility.

BHSD continues to develop other ways to assist and coordinate care with EPS and other providers. In 2020, a weekly EPS Tiger Team meeting was implemented to discuss the care of individuals at EPS. The Tiger Team is another multi-disciplinary team consisting of various disciplines from different units (e.g., Criminal Justice Services; Children, Youth, and Family; Mobile Crisis Response Team; IHOT; Acute Services Utilization Review; and Custody Health Services). The team's goals are to address communication gaps and discharge planning issues as well as discuss other ways to improve care for individuals at EPS. The team will continue to work on identifying areas for improvement, ensuring coordination of care, and improving the quality-of-care experience.

Generally, EPS serves approximately 8,000-10,000 individuals annually, 24 hours a day, 7 days a week. Decompressing the population at EPS is a collective goal. BHSD and EPS continues to assess additional resources needed to support this collaborative and coordinated effort on an ongoing basis to meet new or changing community needs.

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