I. Interview of nominees for the Alameda Health System

Kimberly Horton, Chief Executive Officer, Vibra Hospital Sacramento, and Anthony K. Thompson, Senior Vice President, United Business Bank, introduced themselves to the Health Committee and expressed their desire to serve on the Alameda Health System Board of Trustees.

Purpose:
☐ Report progress
☐ Advocacy or Education
☐ Request Health Committee Recommendation or Position
☒ Other:

This item was informational only and required no Committee action.

II. John George Psychiatric Emergency Services (PES) System Update

Rebecca Gebhart, Interim Director, Health Care Services Agency, presented introductory comments and introduced Dr. Karyn Tribble, Deputy Director, Behavioral Health Care Services and Guy C. Qvistgaard, Chief Administrative Officer, John George Psychiatric Hospital/Ambulatory Care, Alameda Health System, who presented a PowerPoint presentation on the capacity issues at John George Psychiatric Emergency Services (PES).

Community Resources
In response to capacity issues at John George Psychiatric Hospital, additional Mobile Evaluation Teams (MET) in Oakland & Fremont have been established. There are also partnerships between BHCS and Oakland and Fremont Police Departments, in addition to a Post Crisis Mentoring Program. The goal is to reduce repeat hospitalizations/crises through positive peer support, mentoring and increased community connections and engagement.

St Rose Tele-Psychiatry Pilot
To date, 10% of the total 5150 holds have been discontinued, resulting in a decrease in St Rose to PES transfers. Results support further exploration of tele-psychiatry to additional emergency departments.

Use of Existing Resources
The Behavioral Health Services Agency plans the expansion of the Hope Intervention Program (HIP) to provide intensive case management, resource coordination and linkage to patients discharging from PES.

Currently a Transition Age Youth (TAY) program with promising results. BHCS in discussions with provider (Bay Area Community Services (BACS) regarding expansion to include Adults & Older Adults.
Expansion of JGP Capacity

Health Care Services Agency, Behavioral Health Care Services and Alameda Health System has been exploring the use of existing space and/or sites. The current focus has been on development or expansion of new services or existing community resources.

PROPOSED STRATEGY

At times when conditions in PES exceeds the ability of the unit to deliver high quality services, there will be a temporary “hold” placed on accepting transfers from patients currently receiving care at area Emergency Departments and Inpatient Units. Transfers that have already been accepted will continue through the process and be admitted to PES.

The capacity of the unit to deliver high quality services would be adjusted, based upon considerations including unit acuity, available and current staffing, space, and facilities for patient care (including ability for patients to have adequate accommodations to sit, sleep and eat).

Important Considerations

The following factors will be among those taken into consideration regarding a temporary suspension of transfers from outside hospitals occurs:

- Physical space in the unit (may cause the clinical threshold to be lower)
- When current staffing levels are such that adding additional staff to ensure high quality care is problematic
- One-to-one staffing (may cause the clinical threshold to be lower)
- Patients waiting for an evaluation by a physician (may cause the clinical threshold to be lower)
- Patients with a confirmed & available disposition (may cause the clinical threshold to be higher)

Speakers

Rachel Odes, John George Psychiatric nurse, supports census management model has concerns about the process.

Rebecca Rozen, Hospital Council of Northern California, expressed concerns with the cap on patients being transferred to John George as it will impact hospital volume and patients will take up space in the emergency departments of hospitals.

Francesca Tanenbaum, Patient’s Rights Advocates stated that she has not heard any recent complaints about services at John George Hospital.

Joe Rose expressed concerns about initial hospitalizations of patients.

Susan Silva stated that more psychiatric beds are needed in the psychiatric system of care.

Candy DeWitt expressed the need for more beds in psychiatric care.

Ruby Sloan, John George Hospital employee, supports a maximum capacity of 50 patients to prevent dangerous overcrowding.

Milton Lorig, retired psychiatrist, supports the census management model, expansion of beds and terminating contracts with the temporary physicians.

Don Waters, Director, Alameda Contra Costa Medical Association, expressed that the Association would like to convene a meeting with the stakeholders to discuss the census management model.
Speakers

Alison Monroe stated that her daughter has been in and out of John George Hospital and she believes more beds are needed and expand services.

Steve Bischoff expressed concerns about the census management model and the need for expansion of psychiatric emergency services.

Patricia Fontana expressed that there is a lack of capacity and there is a need for expansion of services for long term care.

Purpose:

☑ Request Health Committee Recommendation or Position
☐ Other:

Recommendation from the Health Committee: Alameda Health System will convene a meeting with stakeholders and include Board of Supervisors staff regarding the systems issues at John George Psychiatric Hospital and return to the Health Committee in six weeks for discussion of any proposals.

Rebecca Gebhart, Interim Director, Health Care Services Agency, will follow up on the issue of why psychiatric emergency patients cannot go to Herrick Hospital in Berkeley.

III. Healthcare for the Homeless – Governing Board Update

Attachment

Kathleen Clanon, Medical Director, Health Care Services Agency, presented a PowerPoint presentation to update the Committee on Health Care for the Homeless.

A final Board action to meet HRSA governance requirement will be to approve a Co-Applicant Agreement, signed by the Health Care for the Homeless Commission, the County of Alameda, and Alameda Health System.

Proposed timeline for approvals:

• 9/29/16 - AHS Board of Trustees
• 9/30/16 - Commission
• 10/4/16 – Board of Supervisors

The Health Care Services Agency requests the Committee’s support to move this item to the full Board for action.

Purpose:

☑ Request Health Committee Recommendation or Position
☐ Other:

Recommendation from the Health Committee: Approve. Move to the full Board of Supervisors.
IV. Oakland Police Department and Behavioral Health Care Mobile Evaluation Team (MET)

Attachment

Tracy Hazelton, Prevention Coordinator, Behavioral Health Care Services, Kate Jones, Division Director, Crisis Services, Behavioral Health Care Services, Officer Doria Neff, Mental Health Liaison, Oakland Police Department and Stephanie Lewis, Acting Behavioral Health Clinical Supervisor, Mobile Team Leader, North County Crisis Response Program, Behavioral Health Care Services presented a PowerPoint presentation on the Mobile Evaluation Team (MET).

The MET program was designed with the goal to avoid the use of involuntary psychiatric hospitalization, and instead rely upon alternative treatment resources when appropriate. M.E.T. grew out of the successful partnership between BHCS and the Oakland Police Department (OPD) through the implementation of the Crisis Intervention Training (CIT) Program. The pilot project was funded with Measure A through HCSA ($250K), ongoing program is partially funded with Mental Health Services Act funds for 6 months from November 2014 to April 2015.

M.E.T. Expansion

By Spring 2017 BHCS and OPD plan to have three additional M.E.T. teams up and running; the additional teams will provide evening and weekend coverage. BHCS is also exploring a partnership with the Fremont Police Department for two M.E.T teams

Purpose:
☑ Report progress
☐ Advocacy or Education
☐ Request Health Committee Recommendation or Position
☐ Other:

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PUBLIC COMMENT

None

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