Summary/Action Minutes

I. Whole Person Care Pilot Update: Alameda County Care Connect (AC3) Application Update

Rebecca Gebhart, Interim Director, Health Care Services Agency and Nancy S. Halloran, Policy Director, County Health Care Services Agency, presented a PowerPoint presentation to update the Committee on the Whole Person Care Pilot.

The Whole Person Care Pilot will be funded by a competitive five year grant to reduce utilization of emergency room departments. The application was submitted on July 1, 2016, the grant’s proposal review by the State will be completed in September 2016 and the notification of award will occur on October 24, 2016.

The target populations for the pilot include homeless individuals, high utilizers of multiple systems, which may include approximately 20,000 individuals. The focus will be on system of care coordination, housing solutions and data sharing.

A sample of some of the expected outcomes include:

- Create a countywide data-sharing and care coordination system, with financing for a $15M technology purchase.
- Reduce admissions to Psychiatric Emergency Service at John George by improving follow-up & development of housing alternatives.
- Provide housing navigation services to approximately 400 homeless individuals and Medi-Cal beneficiaries annually, and ongoing case management and tenancy supports for approximately 1,000 previously homeless Medi-Cal beneficiaries annually.
- Seed a housing development fund by up to $14M over the course of the grant.

Speakers

Scott Coffin, CEO Alameda Alliance, supports the Whole Person Care Pilot.

Joe Rose, President, Alameda County National Alliance for Mental Illness (NAMI) South, informed the Committee that in Sonoma County completes a 100% follow-up on everyone that has received an acute care service and recommended that is something Alameda County might want to explore.

Dr. Albert Brooks, Chief of Medical Staff Services, Washington Hospital, Fremont, CA, supports the Whole Person Care Pilot.

Purpose:

☑ Report progress
☐ Advocacy or Education
☐ Request Health Committee Recommendation or Position
This item was informational only and required no Committee action.

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

Rebecca Gebhart, Acting Director, Health Care Services Agency, Dr. Karyn Tribble, Deputy Director, Behavioral Health Care Services and Guy C. Qvistgaard, Chief Administrative Officer, John George Psychiatric Hospital and Ambulatory Care, Alameda Health System presented a PowerPoint presentation on the capacity issues at John George Psychiatric Hospital.

- The Psychiatric Emergency Service (PES) provides psychiatric evaluation, intervention and referral for both voluntary and involuntary patients 24 hours per day, 7 day per week. Crisis intervention and urgent medication assessments are also provided.
- An individual may stay in PES for up to 24 hours.
- The John George Psychiatric Hospital has a total of 80 licensed Inpatient beds (69/80 currently available for use).
- Inpatient Admissions: 3,077 (Average Length of stay = 7-8.5 days)

Speakers

Steve Bischoff - Most of what is proposed is not services in the community, crisis response program.

Troy Nixon, Registered Triage Nurse in PES crisis - Remains committed to tackling the crisis; solutions do not address the overcrowding; adding a triage doctors are not sufficient, has not reduced patient census.

BJ Wilson, registered nurse in psych emergency and shop steward - Thanked the Supervisors for allowing input

Rachel Odes, registered nurse at John George – Indicated there are a lot of community resources in Alameda County; instituting a capacity maximum would be beneficial.

Milton Lorig – Supports a 50% increase in PES staffing; does not support the practice of flying in temporary doctors and them earning a premium over employed doctors.

Mary Woo, St. Rose Hospital - Only 17 beds in the emergency room, 5 monitored beds, positive and collaborative relationship, tele-psychiatry program, not allowed to turn anyone away;

Rebecca Rozen, Regional Vice President, Hospital Council - John George Pavilion is a critical referral resource; the ER departments can’t be closed.

Stuart Bussey - Overcrowding is an issue best addressed by increasing the number of employees.

Abu Rahim, NAMI Alameda County South – Regarding community-based organizations, change the language to provide community responsive services.

Joe Rose, NAMI, Alameda County South – We need to take a look at the prevention/early intervention program to prevent the over use of JGP services; this program should reduce initial hospitalization and incarceration.

Delvecchio Finley, Chief Executive Officer, Alameda Health System – 50 patient cap may have adverse effects and does not address all the issues related to overcrowding. If we are going to look at a cap it should be closer to the bedded capacity of this unit.
Purpose:
☐ Report progress
☐ Advocacy or Education
☒ Request Health Committee Recommendation or Position
☐ Other:

Recommendation from the Health Committee:

Directed staff to consult with the interested parties who attended the meeting today, community providers, Mental Health Association and the Hospital Council staff to address the tele-medicine model and look at possible hiring extra staff. Directed staff to work on a plan to reduce the patient cap to no more than 50 and return to the Board in September.

PUBLIC COMMENT
None

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