Introduction:

- Santa Cruz County Behavioral Health Center (SCBHC) - in operation since December 16, 2013.
- Operated by Telecare Corporation under a county contract
- SCBHC comprised of two programs:
  - Crisis Stabilization Program (CSP): 8 chairs for adults (walk in or brought in on 5150) who needs evaluation, urgent mental health care and/or referral to treatment services. 1 chair receiving site for children on 5150’s who can be evaluated and referred for treatment as indicated.
  - Psychiatric Health Facility (PHF) which is a locked 16-bed inpatient unit Santa Cruz County, like many other counties in California, does not have capacity to provide inpatient care for children or adolescents.
- The CSP has been very successful in diverting children (62% of children seen at the CSP) who previously would have been admitted to inpatient care to alternative supports and services in the community allowing them to successfully remain with their families. A significant percentage of adults (72% of adults seen at the CSP) are also diverted from inpatient care as well.
- The benefits to those families are significant, particularly in the high success rates of the CSP program being able to develop alternative plans for those children allowing them to safely remain at home and in the community.

Key Issues:
There are a number of key issues that the County, Telecare Corporation, and our community partners such as Dominican Hospital, Encompass Community Services and NAMI Santa Cruz have been working on to continue to improve the services provided by the Behavioral Health Center for the residents of Santa Cruz County. There are very active workgroups, some of which meet weekly, that have been asked to address issues as they arise and develop measureable action plans that can be evaluated for their effectiveness. Leadership at the Health Services Agency also meets weekly with Telecare executive staff to review key issues and ensure they are all being addressed in a timely manner.

- Increased Demand for Children’s 5150 Evaluations
  - Projected utilization of the Crisis Stabilization Program for children was based on a careful review of prior utilization data from Dominican Hospital as well as
the State requirements mandating that children be physically separated from adults in the CSP.

- Demand for Child 5150 evaluations has been much higher than projected:
  - For CY 2012 140 children presented for 5150 evaluations (monthly average = 11.6)
  - For CY 2014 (Jan-Apr) 98 children have already presented (monthly average = 24.5)

- Increased demand for children’s services at the CSP has resulted in children needing to wait at Dominican Hospital due to the limited space capacity and staffing at the CSP for evaluations of children.

- Reasons for increased demand and long wait times include:
  - Families who had previously gone out of County for direct admissions to other hospitals are now utilizing the CSP program instead.
  - Once a decision is made that a child needs an inpatient admission, it can take hours, even under the best circumstances, to secure a bed and arrange for transport
  - There a limited number of inpatient psychiatric beds for children in California
  - While a child is awaiting inpatient placement, no other children can be served until they leave the facility

Crisis Capacity for the County of Santa Cruz

- County of Santa Cruz does not offer a mobile crisis team for its residents.
- Limited options are available for individuals who are already connected to County Services to connect with crisis supports and services
- Other residents have to rely on the Emergency Department or the CSP Program for Crisis Services.
- Currently no way to intervene before a situation requires an individual to be transported to a local Emergency Department or be taken into custody by law enforcement and put on a 5150 hold and transported to the CSP for an evaluation.
- Commercial insurance plans are relying on County operated facilities to serve their members.

Individuals on a 5150 who are Intoxicated

Individuals who present to the Emergency Department in an intoxicated state and then get placed on a 5150 hold for acute mental health issues have raised issues between the Behavioral Health Center and Dominican Hospital in terms of the need for clear guidance and protocols for when the individual is ready for transfer to the CSP Program for evaluation.

Timely resolution of time sensitive issues

The operation of the Behavioral Health Center requires close communication and collaboration amongst multiple partners in the community. There have been several occasions where an issue or barrier was identified, and it was unclear how to resolve the issue in a timely manner or who to contact for resolution.
Action Planning

Establish Diversion Options

- The County is currently working with a large inpatient program to develop a pilot diversion program for children and adolescents when there is greater demand than the capacity for child evaluations.
- A written contingency plan for diversion will be developed and reviewed with stakeholders once finalized prior to implementation.

Increased Capacity for Inpatient Care for Children and Adolescents

- Fremont Hospital, in Fremont California, is in the process of increasing capacity for inpatient care from 96-beds to 148 beds.
- Of the 52 new beds, 26 are for children, 26 are for adults
- These beds are anticipated to open in December 2014.

Modified Staffing and Restructuring Space at the CSP

- County has requested Telecare submit a proposal to increase staffing at the CSP Program to always have the capacity to serve 8 individuals at all times (current model is 4 at all times and then staff are called in when more than 4 patients are in the CSP)
- Telecare is also working on a plan to convert a waiting area to a children’s area to increase the capacity for children’s chairs from 1 to 2.
- County has provided staff when needed to assist in performing child evaluations and disposition planning at the CSP.
- Dominican Hospital has also assisted in providing inpatient beds with close monitoring for some children while awaiting a bed for inpatient psychiatric care so they do not have to remain in the Emergency Department.

Approving Additional Staff for 5150 Evaluation

- The County has worked with Dominican Hospital and the Board of Supervisors to approve Dominican Hospital Psychiatrists the authority to initiate a 5150, conduct an evaluation, and based on the results of that evaluation proceed with a hospitalization or release of the individual. The final Board of Supervisors approval was made on May 13.
- This will provide an additional evaluation point and opportunity to release individuals at Dominican who are on a 5150 hold, and have been determined by a Dominican Psychiatrist that they do not require hospitalization.
- This should reduce pressure on the CSP Program, and also increase turnaround time at the CSP Program to focus on individuals who require inpatient care and are at highest risk.

Establish Clear Protocols for Barrier Resolution

- The County will be working with Telecare to develop a clear barrier resolution protocol, with specific contacts and an escalation procedure in the event an issue does not get resolved.
A draft is anticipated to be completed in June 10, 2014.

**Protocols for Evaluating Individuals who are Under the Influence**

- The Chief of Psychiatry for the County, Dominican Staff, and Telecare Staff are currently working to develop a set of behavioral and medical protocols to guide the determination for admission of an individuals who require treatment for alcohol intoxication by June 20, 2014
- Frontline staff will be trained on these protocols

**Commercial Insurance Plans Reliance on the Behavioral Health Center**

- The County will be working with Telecare and Insurance carriers to support payment for the Behavioral Health Center and CSP admissions as well as support access to timely inpatient capacity for their members.

**Establishing a Mobile Crisis Team**

- The County of Santa Cruz is currently planning the development of a Mobile Crisis Team to provide services to individuals and families experiencing an urgent or emergent mental health need in the community
- Crisis response services who work directly with Law Enforcement will also be increased.
- The Mobile Crisis Team will provide crisis intervention services at different locations in the community, including office based visits for walk-in's and appointments, evaluations with law enforcement in the community, local hospital Emergency Departments, and individuals homes.
- The goal is to stabilize the crisis situation, determine whether or not there is a need for hospitalization, and develop an appropriate disposition plan for that individual which would include follow-up with the Mobile Crisis Team until the individual or the family can be connected with ongoing services. We are anticipating having the team operational, if we are able to secure funding, by September of 2014.

We will be providing updates on the Behavioral Health Center each quarter. The next update is planned for September 1, 2014.

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