

## 2001-2002 SANTA CLARA COUNTY CIVIL GRAND JURY

### REVIEW OF COUNTY EMERGENCY PSYCHIATRIC SERVICES

#### INTRODUCTION

In October 2001, the Santa Clara County Civil Grand Jury toured several mental health service facilities operated by the county as part of the Santa Clara Valley Health and Hospital System. Subsequently the Grand Jury initiated a review specifically covering the operations of the Emergency Psychiatric Services (EPS) facility. The review included an unannounced inspection, interviews with the administrators and staff of EPS, as well as a review of certain procedures and reports. Authorization for this review is provided by Penal Code Section 925.

#### BACKGROUND

A department within Santa Clara County Mental Health Services, EPS is located in a building on the grounds of the Valley Medical Center complex in San Jose. The facility serves adults and juveniles in a state of perceived or actual psychiatric crisis. Patients may voluntarily seek treatment at EPS or they may be detained there under California Welfare and Institution Code, Section 5150. Section 5150 is applicable to persons who are perceived to be a danger to themselves or others. Involuntary holds under Section 5150 are limited to 72 hours.

EPS is a locked facility designed to allow evaluation and processing of acutely troubled or ill patients. Because EPS is licensed as an ambulatory clinic of Valley Medical Center, stays at the

facility are limited to 24 hours or less under Title 22 of the California Code of Regulations. Patients who need hospitalization beyond 24 hours, including those being held under Section 5150, are discharged to acute care inpatient facilities. Depending upon the results of a medical and psychiatric evaluation, other EPS patients may be discharged to their homes with an appropriate referral for outpatient treatment. The law requires that this evaluation be completed within the mandated 24-hour period.

#### FACTS

Emergency Psychiatric Services Facility  
EPS moved into its current facility in August of 2001. The current EPS facility is orderly, clean and spacious. The open area of the unit is divided between a patient side and a staff side. The two sides are differentiated by a blue line on the floor. Patients and staff interact freely on the patient side of the open facility, but the staff side is accessible to patients by permission only. Patients brought to the facility by police or ambulance are admitted by way of a specially designed security entrance and holding room. A uniformed security guard is present at all times.

Detailed emergency procedures are available on the staff floor. A red phone in the office area provides a direct link to the sheriff's dispatch center and other emergency personnel. Staff receives regular training on procedures covering emergencies, such as fire or earthquake.

Two problems of note were the lack of available keys for one locked fire extinguisher cabinet in the patient area, and the lack of understandable detail on the posted evacuation plan. Alternative fire extinguishers were available in the locked kitchen and office areas on the staff side of the facility. On both its visits, Grand Jurors notified the staff of these insufficiencies.

#### Emergency Psychiatric Services Patients

The EPS patient load averages 750-800 per month. Of these, approximately five percent require discharge to an acute care inpatient facility (psychiatric hospital). EPS admits patients of varying ages, from children to seniors. Special attention is given to juvenile patients, who are kept apart from the general patient population under one-on-one surveillance.

New patients, in particular those brought to the facility by police or ambulance, may arrive at all hours of the day and night. Consequently, patients are also released at all hours of the day and night, in order to meet the mandated 24-hour time limit. In the case of late-night releases, staff arranges a taxi or other transportation when necessary. In some cases patients are allowed to remain in the secure lobby until daylight.

Although the law states that patients will not remain at EPS longer than 24 hours, "overstays" are a common occurrence. In the months of May through October 2001, for example, EPS had a total patient population of 3864. Of this number, 150 persons (about four percent) remained beyond the mandated 24-hour cutoff.

Each of these overstays carries the potential for a substantial legal penalty from the state, including a fine of \$50,000 per incident. EPS has been cited twice for this problem, but to date the state has not opted to levy any fines. EPS staff stated that all of these overstays were attributable to patients who needed transfer to acute care inpatient facilities (psychiatric hospitals). Staff also reported that it is very difficult to place these patients within the 24-hour limit because there is a shortage of available beds, particularly for Medi-Cal or uninsured (public) patients. These types of patients comprise the large majority of individuals who pass through EPS.

#### Hospital Bed Shortage

A July 2001 survey of psychiatric hospitals in the Bay Area showed that Santa Clara County maintains one bed for each 14,505 county residents, as compared to the Bay Area/Sacramento average of one bed per 6,716 individuals. Of the capacity available in Santa Clara County, 100 percent of public inpatients were in Valley Medical Center's Barbara Arons Pavilion, the county's acute care facility. The other three Santa Clara County hospitals offering psychiatric beds housed *no* public patients. (See Attachment 2)

There are no beds identified for the treatment of children or adolescent patients (public or private) within the county. All juvenile patients are treated and housed at out-of-county facilities, often in Vallejo or Sacramento. Many adult patients are placed in out-of-county facilities as well, mostly at a contracting hospital in Fremont or at a state hospital facility. For instance, a survey taken July and September 2001 on behalf of

the Greater Bay Area Mental Health Directors shows that the county was first among 12 counties in use of out-of-county hospital beds. At that time, the county had placed 18 patients (26 percent) in out-of-county hospitals.

EPS staff reported to the Grand Jury that the bed shortage problem is exacerbated by an apparent lack of access to three of the four hospitals in the county that provide psychiatric inpatient service. They report that the problem relates to the rates paid by Medi-Cal and the degree of acuity of many of these severely ill patients.

Due to the shortage of inpatient facilities, EPS had recently implemented an aggressive strategy to begin placement efforts for the most severely ill patients as soon as they have been evaluated by the EPS physician (psychiatrist). One EPS staff member has been assigned full-time to this task.

The bed shortage is not unique to Santa Clara County. According to the county mental health director in a report dated December 5, 2001, "The problems of insufficient public mental health funding and services in general, and the lack of deep end and residential resources in particular, are statewide concerns that have been documented in a 2000 publication of the Little Hoover Commission, and in a report published by the California Institute for Mental Health in August 2001."

(See Attachment 2)

The operation of 24-hour public use mental health care facilities in Santa Clara County requires a large subsidy from the county coffers. During fiscal year 2001, the board of supervisors augmented the department's operating

budget in the amount of \$3.6 million. During budgeting for fiscal year 2002, the board approved another \$7.6 million infusion. (See Attachment 2)

## FINDINGS

1. The EPS facility is equipped to handle the approximately 800 patients that pass through its doors each month. The difficulty comes in finding the appropriate longer-term care for the most acutely ill patients.
2. After reviewing release procedures and interviewing staff members, the Grand Jury found evidence that reasonable care is taken to alleviate patient safety concerns around late-night releases.
3. The shortage of adequate acute psychiatric care facilities is a serious impediment to the ability of any public organization to provide proper care to this needy segment of the population. The Grand Jury acknowledges the efforts of EPS staff and management to fulfill its mission under these difficult conditions.
4. The incidence of overstays is lessening month by month, from 67 in May 2001 to 10 in October 2001. This is partly due to more aggressive efforts to secure placement.
5. Santa Clara County does not provide an adequate number of acute psychiatric care beds to properly serve its populace. The Santa Clara County Board of

Supervisors Health and Hospital Committee is clearly aware of this shortage, since two reports reviewed by the Grand Jury were written for the specific purpose of informing the board.

6. The need to place acutely ill patients in out-of-county facilities is onerous to families of the patients. Since the county system serves mostly public patients, families are even less likely to have the financial and/or physical resources to travel significant distance to be near or visit loved ones.
7. Valley Medical Center is uniquely situated to provide much-needed acute psychiatric care beds, since it encompasses all the mental and physical treatment facilities required to properly care for seriously ill patients.
8. The Grand Jury finds that providing adequate mental health care to the citizens of Santa Clara County should remain a priority in the budgeting process. The cost of providing mental health care to county residents is a source of concern, particularly in current economic climate where government budgets are being squeezed.
9. At the time of the Grand Jury review, the fire extinguisher situation at EPS was clearly unacceptable. Although fire extinguishers were available in the locked staff area, one of these (kitchen), was not plainly marked

and visible. The very existence of a fire extinguisher cabinet on the patient floor for which no one has a key creates the potential for dangerous confusion and wasted time in the event of an emergency.

10. The posted evacuation plan in EPS is confusing to anyone who is not intimately familiar with the building. None of the Grand Jurors who viewed the plan could easily decipher the location of the emergency exit. This poses an unacceptable safety problem for patients and anyone who might be visiting the facility.

## **RECOMMENDATIONS**

The Santa Clara County Civil Grand Jury recommends that the Santa Clara County Board of Supervisors:

1. Evaluate and report the possibilities for increasing the availability of acute care bed space. Questions to be answered include:
  - a. Could an advantage be derived from partnering with private enterprises, such as large health maintenance organizations?
  - b. How much of a cost/benefit could be gained from reducing or eliminating the need to contract for treatment at out-of-county facilities?
  - c. What are the possibilities for improving patient treatment and reducing the burden on families by expanding the in-county care system?  
(Ref. Finding #1, 3, 5, 6, 7, 8)

The Santa Clara County Civil Grand Jury recommends that the Santa Clara Valley Health and Hospital System Administration:

2. Analyze and identify ways to encourage local hospitals that offer psychiatric care to admit a greater number of public patients. Questions to be answered include:

a. Should fees be increased for this care?

b. What other incentives might be utilized?

c. What would be the cost/benefit of using this strategy to reduce or eliminate out-of-county placements?

d. What are the possibilities for improving patient care and reducing the burden on families?

(Ref. Finding #1, 3, 5, 6)

3. Ensure that the locked fire extinguisher cabinet in EPS is rekeyed so that the master key issued to EPS personnel will unlock the cabinet.

(Ref. Finding #9)

4. Post an updated and clarified emergency evacuation plan.

(Ref. Finding #10)

## **APPENDICES**

Attachment 1: “Mental Health 24-Hour Care Status Report,” Nancy Peña, December 5, 2001.

Attachment 2: “Bay Area Mental Health Acute Care Utilization Survey,” Nancy Peña, December 7, 2001.

**PASSED** and **ADOPTED** by the Santa Clara County Civil Grand Jury this 7<sup>th</sup> day of March, 2002.

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Bruce E. Capron  
Foreperson

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Norman N. Abrahams, DDS  
Foreperson Pro Tem

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Joyce S. Byrne  
Secretary