Psychiatric Emergency Services in Los Angeles County

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Outline

• Evolution of PES services in LAC
• Problem Statement
• Overview of Challenges and Potential Solutions
• Data
• Initiatives
• Discussion
Evolution of LAC MH Crisis Services

- Division of responsibilities for emergency services in 1978
  - Hospital-based Psychiatric Emergency Services: DHS
  - Psychiatric Mobile Response Teams: DMH
  - Payment and Coordination mechanisms: Vague
- Creation of DMH Emergency Outreach Bureau 2000
- Development of Alternative Crisis Services 2006
MLK PES closed to new admissions 12/1/06.

*Data includes patient visits from LAC+USC’s PES walk-in site. LAC+USC data prior to January 2011 does not include patient visits where the patient was subsequently admitted to an LAC+USC inpatient unit. LAC+USC data does not include pediatric visits after November 2008, when the new hospital opened. Pediatric visits were previously approximately 40-60 patients per month.
January 2006 - May 2012 PES Patient Visit Data

* MLK PES closed to new admissions 12/1/06.
**LAC+USC data includes patient visits from LAC+USC's PES walk-in site. LAC+USC data prior to January 2011 does not include patient visits where the patient was subsequently admitted to an LAC+USC inpatient unit. LAC+USC data does not include pediatric visits after November 2008, when the new hospital opened. Pediatric visits were previously approximately 40-60 patients per month.
Problem Statement

- A variety of acute and longstanding challenges lead to PES overcrowding
- We must intelligently identify and implement effective and practical solutions to these challenges in order to ensure high-quality crisis mental health services in LA county
PES Challenges and Potential Solutions

- **Divided responsibilities:** Integration of procedures for relevant agencies
- **Legal issues regarding involuntary treatment:** Re-evaluation of procedures for detention, detainee transport, LPS conservatorship
- **PES over-use:** Alternative crisis services: UCCs
- **Inpatient over-use:** Changes in PES and inpatient internal processes, develop alternative residential approaches
- **Concerns about insufficient capacity:** Develop consensus on PES and inpatient missions
- **Funding restrictions:** MHSA changes
## Age distribution

Percent of Patients, FY2007-11

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Harbor</th>
<th>LAC+USC</th>
<th>Olive View</th>
<th>DHS Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0-12</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Age 13-17</td>
<td>6</td>
<td>9</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Age 18+</td>
<td>93</td>
<td>89</td>
<td>89</td>
<td>91</td>
</tr>
</tbody>
</table>
## Gender

Percent of patients, Calendar Year 2011

<table>
<thead>
<tr>
<th></th>
<th>Harbor</th>
<th>LAC+USC</th>
<th>Olive View</th>
<th>DHS Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>41</td>
<td>37</td>
<td>39</td>
<td>39</td>
</tr>
<tr>
<td>Male</td>
<td>59</td>
<td>63</td>
<td>61</td>
<td>61</td>
</tr>
</tbody>
</table>

Harbor and Olive View: all patients; LAC+USC: adults only
# Mode of Arrival

## Percent of patients, 2011

<table>
<thead>
<tr>
<th>Mode of Arrival</th>
<th>DHS Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law enforcement</td>
<td>54</td>
</tr>
<tr>
<td>Self/family/friends</td>
<td>24</td>
</tr>
<tr>
<td>Ambulance</td>
<td>10</td>
</tr>
<tr>
<td>DMH / PMRT</td>
<td>9</td>
</tr>
<tr>
<td>Jail/ Juvenile Hall/ State prison</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
</tbody>
</table>

Harbor and Olive View: all patients; LAC+USC: adults only
## SPA of residence

Percent of patients, Calendar Year 2011

<table>
<thead>
<tr>
<th></th>
<th>Harbor</th>
<th>LAC+USC</th>
<th>Olive View</th>
<th>DHS Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPA 1</td>
<td>1</td>
<td>1</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>SPA 2</td>
<td>4</td>
<td>4</td>
<td>61</td>
<td>18</td>
</tr>
<tr>
<td>SPA 3</td>
<td>4</td>
<td>17</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>SPA 4</td>
<td>7</td>
<td>36</td>
<td>3</td>
<td>18</td>
</tr>
<tr>
<td>SPA 5</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>SPA 6</td>
<td>22</td>
<td>14</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>SPA 7</td>
<td>7</td>
<td>12</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>SPA 8</td>
<td>36</td>
<td>3</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Unknown/missing</td>
<td>14</td>
<td>11</td>
<td>19</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Harbor and Olive View CY2011; LAC+USC CY2010; unknown/missing includes out of County and homeless
# Primary diagnosis / Reason for visit

Percent of Patients, DHS overall, CY 2011

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Based on Primary Diagnosis ICD-9 code (1)</th>
<th>Chief Complaint at time of PES arrival (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affective Psychoses</td>
<td>26</td>
<td>Depressed/suicidal</td>
</tr>
<tr>
<td>Other Nonorganic Psychoses</td>
<td>24</td>
<td>Bizarre/ agitated behavior</td>
</tr>
<tr>
<td>Depressive Disorder</td>
<td>8</td>
<td>Aggressive/violent</td>
</tr>
<tr>
<td>Schizophrenic Disorders</td>
<td>5</td>
<td>Acute/chronic psychosis</td>
</tr>
<tr>
<td>Neurotic Disorders</td>
<td>2</td>
<td>Grave disability</td>
</tr>
<tr>
<td>Other</td>
<td>35</td>
<td>Other</td>
</tr>
</tbody>
</table>

Addressing overcrowding in the PES

- Program development & process improvements
- Data infrastructure
- Expand non-PES hospital capacity
- Improve adequacy of existing PES facilities
Program development / process improvements

- Further invest in **intensive case management programs** for individuals that frequently utilize the PES
- Streamline access into **substance abuse rehabilitation programs**
- Improve coordination with **DCFS**
- Increase **DMH liaison** activities
- Engage with **LPS-designated individuals** regarding appropriate use of 5150 holds and range of potential destinations to which patients on holds may be transferred
- Educate psych inpatient and PES staff to **more rapidly discharge** patients to open community-based facilities
- Develop **Post-hospitalization Placement Problem Comm.**
Program dev. / process improvements - con’t

- Address **operational issues** that delay timely patient throughput
  - Supplement **social service staff**
  - Streamline **ambulance crew drop-offs**
  - Streamline **Hawkins discharge procedures**
  - Pilot **adolescent transfer protocols**
  - Promote linkage with **DMH FSPs**
- Reduce, where appropriate, **interfacility variation in clinical practice** patterns
PES Outcomes Study - DMH/DHS Collaborative Effort

- **Study Aims:**
  - Describe the demographic, social, and clinical factors of PES pts
  - Identify predictors associated with discharged vs. admitted PES pts
  - Compare longitudinal outcomes of discharged vs. admitted PES pts

- **Study Design:**
  - Retrospective cohort of adult LA County residents seen in one of three LAC locked PESs from 2008 through 2010
  - Longitudinal utilization and clinical outcomes traced from 2008 through 2011
## PES Outcomes Study - Data sources

<table>
<thead>
<tr>
<th>Source</th>
<th>Data Sources</th>
</tr>
</thead>
</table>
| DHS – Affinity              | • Baseline demographic, insurance, hold status, psychiatric/medical diagnoses, etc.  
                                • Subsequent medical ED visits and medical hospitalizations at DHS hospitals |
| Sheriff – Automated         | • Booking information, arrest offense code, release date, housing location, etc. |
| Jail Information System (AJIS) |                                                                              |
| DMH – IS                    | • Outpatient mental health care visits, PES revisits, inpatient psychiatric admissions, PMRT contacts, forensic mental health episodes |
| Coroner’s Database          | • All adult decedants, including mode of death, location of death, diagnoses at death |
Data infrastructure

- Continue efforts to establish a Unique Patient Identifier within DHS and a **County Master Patient Index**
- Monitor progress on placing “**difficult to place**” patients through systematic data collection efforts
- Continue to monitor trends in PES utilization by **AB109** releasees and, in collaboration with CDRC, develop strategies to divert inappropriate visits as needed
Expand non-PES hospital capacity

- Implement DHS **Supportive Housing** program
- Investigate 23-hour holding unit for **DCFS children** within the Children’s Village at LAC+USC
- Maximize use of **Olive View Urgent Community Services Program** by obtaining LPS designation; investigate 24/7 feasibility
- Investigate **alternate UCC sites** (e.g., MLK)
- Pursue development of a **joint DHS/DMH SNF** contract
- Open vacant 5-bed unit at **Augustus Hawkins**
- Expand **Psychiatric Diversion Program**
- Invest in **community-based residential facilities** such as crisis residential beds and acute diversion units
- Build capacity/capabilities at **Juvenile Halls/Camps** (e.g., acute stabilization unit, step-down intensive day-treatment unit)
### Improve adequacy of existing PES facilities

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Proposed Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVMC</td>
<td>- Remodel/expansion of existing PES</td>
</tr>
<tr>
<td>Harbor</td>
<td>- Dedicated pediatric space in ER/OR backfill</td>
</tr>
<tr>
<td>LAC+USC</td>
<td>- Dedicated pediatric /adolescent space in adjacent admin area</td>
</tr>
</tbody>
</table>
## Summary of new PES investments in FY12-13 budget

<table>
<thead>
<tr>
<th>Description</th>
<th>2012-13</th>
<th>2013-14</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Olive View PES Expansion</strong></td>
<td>4.0</td>
<td>-</td>
</tr>
<tr>
<td><strong>Expansion of Olive View UCC</strong></td>
<td>-</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>MLK– Augustus F. Hawkins UCC</strong></td>
<td>-</td>
<td>2.7</td>
</tr>
<tr>
<td><strong>1.0 Psych SWII</strong></td>
<td>-</td>
<td>0.1</td>
</tr>
<tr>
<td><strong>Additional acute inpatient beds</strong></td>
<td>-</td>
<td>2.1</td>
</tr>
<tr>
<td><strong>2.0 Deputy Public Conservator</strong></td>
<td>-</td>
<td>0.2</td>
</tr>
<tr>
<td><strong>40 Additional IMD beds</strong></td>
<td>-</td>
<td>2.8</td>
</tr>
<tr>
<td><strong>11 Additional IMD step-down beds</strong></td>
<td>-</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>1.0 Child Psychiatrist at Harbor</strong></td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>2.0 Deputy Public Conservator</strong></td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
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<td>2.8</td>
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<td>0.6</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>1.0 Child Psychiatrist at Harbor</strong></td>
<td>0.3</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4.3</strong></td>
<td><strong>9.0</strong></td>
</tr>
<tr>
<td>* MHSA - Eligible</td>
<td>-</td>
<td>3.9</td>
</tr>
<tr>
<td><strong>NCC Required</strong></td>
<td>4.3</td>
<td>5.1</td>
</tr>
</tbody>
</table>

Total: **12.9**
Discussion and Final Comments
PES Average Daily Census and Implementation of PES Relief Measures FY2004 - 07

- **DMH Inpatient Liaisons 11/04**
- **Private Hospital – DHS Transfer Program 2/05**
- **12 child and adolescent beds 4/05**
- **24 Hour UCC services at AFH MHC 6/05**
- **AFH PES closes 12/06**
- **Increase in coverage hours to 9:00PM Monday through Friday at OVMC UCC 12/06**
- **Kedren Community MHC: 11 adult beds 6/05**
- **Gateways Residential Program (Percy Village): 48 adult beds 10/05**
- **Telecare Residential Program: 25 adult beds 4/07**
- **Cedar Street Residential Program: 35 adult beds 7/05**
- **Countywide Resource Management takes over PDP 11/06**
- **Implementation of Psychiatric Diversion Program (PDP) 8/05**
- **DMH PES Liaisons 3/05**
- **Implementation of Urgent Care Center (UCC) at AFH 11/04**
- **Crisis Residential Services at OVMC 5/05**
- **White Memorial Medical Center: 8-10 adult beds 8/05**
- **Implementation of Westside UCC 12/28/06**
- **Anne Sippi Clinic: 20 adult beds 5/05**
- **Implementation of UCC at Olive View Medical Center (OVMC) 5/05**
- **College Hospital-Cerritos: 2 adult beds 8/05**
- **10 additional beds for DHS 12/06 to 2/07**
- **SSG Residential Program: 25 adult beds 4/07**
- **(Normandie Village): 42 adult beds 4/07**

**Avg Census**

- Jul 04: 68.4
- Aug 04: 75.1
- Sep 04: 70.2
- Oct 04: 70.9
- Nov 04: 65.6
- Dec 04: 65.3
- Jan 05: 66.2
- Feb 05: 78.2
- Mar 05: 73.3
- Apr 05: 70.4
- May 05: 71.3
- Jun 05: 76.6
- Jul 05: 74.1
- Aug 05: 69.7
- Sep 05: 68.3
- Oct 05: 67.3
- Nov 05: 61.5
- Dec 05: 66.4
- Jan 06: 66.3
- Feb 06: 60.7
- Mar 06: 68.0
- Apr 06: 69.9
- May 06: 72.0
- Jun 06: 75.5
- Jul 06: 70.4
- Aug 06: 61.7
- Sep 06: 71.0
- Oct 06: 63.4
- Nov 06: 41.5
- Dec 06: 41.5
- Jan 07: 44.7
- Feb 07: 52.0
- Mar 07: 47.5
- Apr 07: 46.6
- May 07: 46.1
PES Average Daily Census and Implementation of PES Relief Measures FY2010 - 12