



Health Care Agency Crisis and Acute Services Collaboration

**Ventura County Medical Center
Inpatient Psychiatric Unit
&
Behavioral Health Department Outpatient Services**



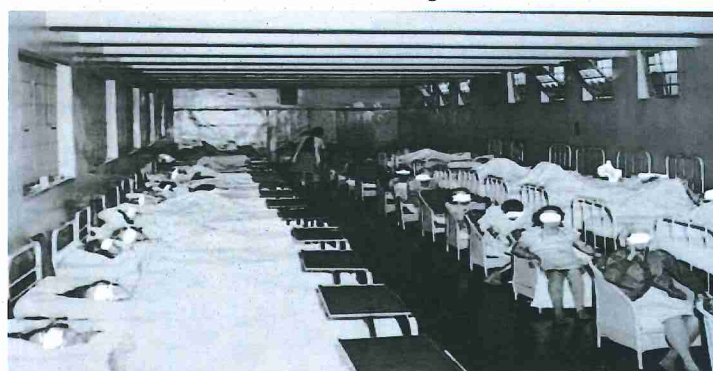
The Topic



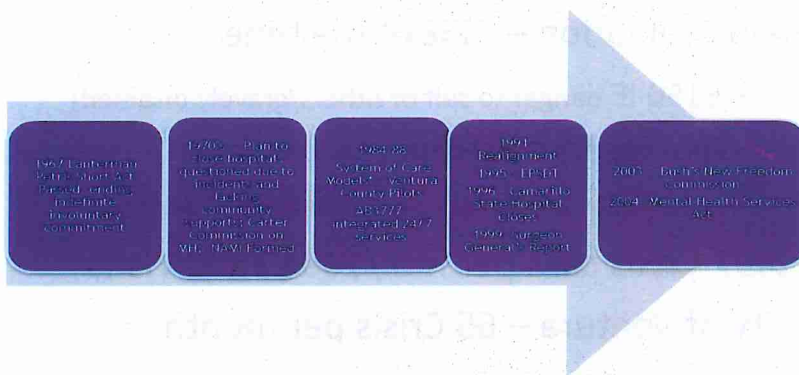
Understanding Mental Illness



Institutional Model Camarillo State Hosp. 1936-1997



Mental Illness Treatment California: 1967-Present



Welfare and Institutions Code, Section 5150-5157

In order to be involuntarily committed to a psychiatric hospital, the law requires:

- 1) That, as a result of a mental disorder...
- 2) ...a person is an imminent danger to themselves, others, or gravely disabled.
- 3) And no less restrictive environment is appropriate.



Behavioral Health 24/7 County-wide Mobile Crisis Team

Field Evaluation – 72% of the time

- 5150 IF danger to self or others/gravely disabled)
- voluntary hospitalization
- attempt to link to voluntary MH or AOD Services

1497 Crisis calls per mo./1084 Field Visits

City of Ventura – 65 Crisis per month



Behavioral Health Crisis Team Linkage

Linkage for Persons Not Receiving Behavioral Health Services

- Expedited Screening, Triage, Assessment & Referral (STAR) Appointment
- Referral to ADP for Detox or Substance Use Disorder Treatment
- “Bridge Builder” to provide extra support, intervention, & assistance
- Additional crisis response availability

For clients already enrolled with VCBH

- Consult with the clinic treatment team
- Follow-up calls within 24 hours of seeing client (who are not hospitalized)
- Linkage to any and all other indicated services, e.g., medical; social services (CPS/APS; homelessness-related needs; community partner agencies).



VCBH Bridge Builders: Identify & overcome barriers that prevent access

- STAR Engagers (outreach staff) and Recovery Coaches (lived experience) meet with clients in the community and at VCMC Psychiatric Center
- Non threatening, supportive, respectful, concern for the welfare of these clients – “whatever it takes”
- Clients are followed until connection to local clinic.
- Transportation as needed
- Coordination with partner agencies to address client needs
- Basic needs referrals (food, shelter, medical care)
- Referral to Recovery Innovations (lived experience organization)
- Referral to PATH (homeless outreach grant program)



Social Model Detox Pilot

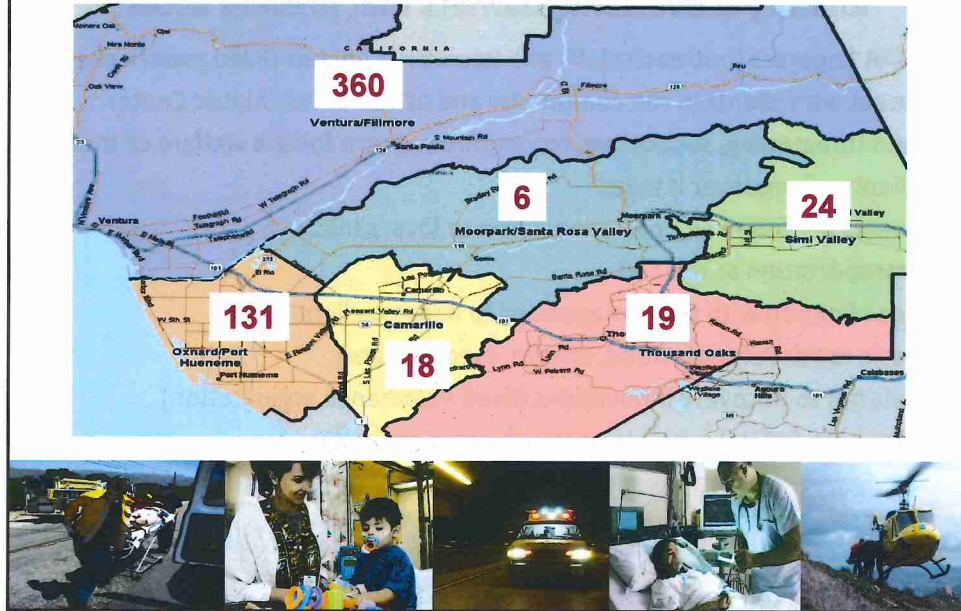
Funding \$600K by Board Of Supervisors for 3-yr Pilot

Data from November 2011 - July 2013:

- Admissions: 563 (an average of 28 per month)
- Access: typically within 24-48 hours
- Volume: 423 men and 140 women
- Completion Rate – 66%
 - 263 Men – 62%
 - 111 Women – 79%



Social Model Detox Pilot



VCMC Inpatient Psychiatric Unit (IPU) Assessment and Referral Unit (A&R)

- Purpose is to evaluate for criteria for admission to Inpatient psych or refer to next level of care.
- Not a psych ER or 23-hour crisis stabilization unit, so capacity to treat is very limited – ie: Medications are usually not provided during evaluation
- Mandated to treat at the “least restrictive” level of care



A&R Referrals

- Crisis Residential (VCBH Program funded by Prop 63 -MHSA)
 - Up to 30-days for people who meet criteria – must have a primary mental health diagnosis – not substance use.
 - May also be used as a step-down for people who are ready to discharge from the IPU, but require continued intensive intervention in order to stabilize.
- Existing VCBH client back to outpatient team
- Refer to VCBH for those not receiving services, who meet specialty criteria
- Primary Care Provider/One Stop
- Social Resources



For People Admitted to the IPU

- Must continue to meet acute criteria daily, for continued involuntary stay.
- Challenge of Meeting the Needs of 2 Patient Groups
 - Serious, Persistent Mental Illness
 - Substance Use Problems, Personality Disorders, Tragic and/or chaotic life circumstances
- “Seamless” care for patients, preventing unnecessary hospitalizations & avoidable bad outcomes
- On-going communication with BH to improve system.



Discharge Planning

- Unless conserved, client may refuse all offers for aftercare
- For VCBH enrolled clients, appointment with home clinic or if a new level of care is required, collaboration with VCBH
- For clients not enrolled in MH or Substance Use Disorder Tx.
 - VCBH appointment made if client meets specialty mental health or substance use criteria.
 - Primary Care Provider appointments
 - Private Psychiatrist appointments
- 14-day supply of medications usually provided.
- Psycho-education, resources in case of relapse, recurring symptoms.
- Transportation, when available and necessary.



Behavioral Health Continuum of Care

- Locked Residential TX – Out of County & Planned Mental Health Rehab Center
- Residential MH and AOD Treatment
- Intensive Community Treatment w/supportive housing component “Whatever it Takes”
- Outpatient – MH/AOD Countywide Clinics
- Collaborations with Probation, Human Services Agency, Sheriff, Schools, Courts, Cities, Community organizations etc.



Collaboration – Mental Health First Aid

- Similar to CPR or first aid
- Educates and prepares the community to identify and respond to mental health issues and crisis
- More than 1200 people trained county-wide since 2011
- 70 Ventura residents/businesses/organizations
- Connected to other community efforts/goals
- Contact KerryAnn.Schuette@ventura.org for more information or to acquire training



Future Directions

- VCMC-IPU is working to develop a Psychiatric Emergency Service program
- Continue Social Model Detox Pilot
- Locked MHRC
- Furthering Partnerships to Capitalize on successful System of Care Models
- Always Exploring Ways to Encourage Treatment.



