“Something Bad Is Going To Happen Happening”

The mental health crisis in Fresno County, its impact on our community, and strategies to restore effectiveness into the system of care

BACKGROUND

By many accounts, the mental health system in California began to unravel in the 1970s when decisions were made to care for mentally-ill residents in our communities rather than in the more traditional mental health institutions across the State. During the nearly 40 years since those fundamental changes, the situation has steadily declined as a result of more pressures on County governments, fewer and less predictable revenue sources, a growing population, and expanding demand for services. Counties across the State are closing programs and services and reducing mental health staff, leaving hospital emergency rooms and jails as the two largest and most expensive providers of mental health care – neither of which have the capacity to deliver that care. The statewide picture provides the context for our own local experience.

FRESNO COUNTY ACTIONS

For many years Fresno County maintained a trained staff at University Medical Center (then at Community Regional Medical Center) to evaluate “5150” mental-health patients to determine appropriate hold times and referral to treatment facilities. In March 2007, the Board of Supervisors eliminated its evaluation staff and the receiving designation at Community Regional. That action in effect made every Fresno County hospital a receiving site for 5150 patients who now were evaluated by emergency-room personnel and transitioned to either outpatient services or an inpatient facility.

In July 2009 the County then closed its Crisis Intervention Service (CIS) – yet another significant blow for mental health services. At that time, it was believed the CIS only treated a handful of patients daily and that hospitals across the County could easily handle the patient volume on their own. The data suggest otherwise. The current reality is a system in crisis, with hospital emergency rooms being burdened by mental-health patients and a public-safety issue brewing.

Actions by the Board of Supervisors to reduce programs and conserve County resources, while understandable, have only increased the County’s costs in other areas and shifted costs to hospitals, law enforcement, the jail, and private psychiatric facilities. For example, the CIS closure was expected to save the County $5.9 million a year. The unintended consequence of that action, however, has been a 90% increase in inpatient psychiatric placements and added expenditures of $3.5 million.

MISUSE OF HOSPITAL EMERGENCY ROOMS

Hospital emergency rooms are designed to serve our community’s most urgent medical needs. The ability of hospitals to move emergency patients through that ER entry point and into appropriate levels of care is critical to
ensuring availability of ER staff for the next emergency patients coming through the door. Hospitals are not designed to provide mental health care, but in Fresno County, the hospital ER has become the only point of entry for mental health patients into the system.

✓ Beginning in 2007, with the 5150 protocol change, every hospital in Fresno County has experienced a significant increase in the number of 5150 patients seen in their emergency rooms.

✓ National studies show that more than 95% of mental health patients seen in hospital ERs have no acute medical issues.

✓ In July 2007, the Hospital Council of Northern and Central California convened a work group to tackle the expected challenges in mental care. That group has since met monthly, serving as a problem-solving, troubleshooting forum and has grown to nearly 60 people from six counties. While it has been an important forum for building collaboration and solving smaller mental health service-related issues, it has not found an effective answer to closure of county programs.

**IMPACT ON LOCAL HOSPITALS**

**Community Regional Medical Center**

Community Regional has experienced the most significant impacts. While the number of 5150 patients there has always been higher than at other hospitals (because of its County contract and shift of patients from the old University Medical Center services), the 5150 patient volume in the region’s busiest ER and only trauma center now is staggering.

♦ In September 2008, Community Regional’s ER treated 195 “5150” patients. One year later (September 2009), that number was 495. Today, the hospital is seeing over 500 patients a month and that number continues to climb.

♦ The average length of ER stay for a mental health patient before transfer is more than 19 hours, four to five times longer than the average ER patient.

♦ More than 50% of 5150 patients need inpatient admission, so they are being placed into the general patient population throughout the hospital.

♦ More 5150 patients are arriving in severe crisis with violent episodes. Security costs have increased more than $150,000 over the past 18 months.

♦ The hospital has enacted special safety and patient-flow measures in response. These include placing Community Behavioral Health Center psychiatric nurses in the ER to evaluate 5150 patients and assist in their care, and increasing security staff and patient “sitters” to safeguard the mentally ill patients as well as staff, other patients, and hospital visitors.

**Clovis Community Hospital**

♦ 5150 patient volumes have increased 300% to 400%.

♦ The total number of patients seen in the first seven months of 2010 nearly exceeds the 2009 annual total.

**Community Behavioral Health Center**

♦ The average daily census has increased 8-10 patients a day.

♦ For the services provided to Community Regional’s ER, nursing costs have increased $400,000 to $500,000 a year.

♦ More claims denials from Fresno County and Medi-Cal have resulted in higher uncompensated care totals.
Saint Agnes Medical Center

In early 2007 before the Board of Supervisors’ action, Saint Agnes would typically see two or three 5150 patients per month. In July 2007, with the County’s cutback implemented, the hospital reported 32 5150 patients. The 5150 patient volumes in succeeding years have been as follows:

- July 2008 -- 30
- July 2009 -- 74
- July 2010 -- 126

These increased numbers of 5150 patients has had a profound effect on the hospital, including:

- Need to remodel the existing ER floor plan to accommodate a private holding space for mentally ill patients
- Increased demands on security staff
- Increased social services staffing and overtime
- Increases in uncompensated care
- Increased ER wait time and patient throughput times for all patients

Adventist Health-Selma Community Hospital

The challenges of caring for 5150 patients in rural hospitals are in some ways similar to any other hospital – and in other ways, very different.

- Selma Community has seen an increase in its overall ER visits of 71% in the period 2007 to 2010. Of that ER volume, the number of 5150 patients has increased from about one a month to nearly one a day.
- While the 5150 number might seem small, in an 8-bed ER, and with an average length of stay exceeding 10 to 20 hours, each 5150 patient ties up the very precious ER resources serving this part of Fresno County.

Every hospital in Fresno County has been impacted by this mental health crisis. Statistics from these three hospitals are shared here to illustrate the scope and magnitude of the problem in our County.

BEYOND HOSPITALS

This issue goes way beyond just the impact to our community hospitals; it is really a community problem, a public health and safety issue. The mental health crisis is taking a toll on law enforcement, ambulance/EMS providers, and nonprofit organizations who serve the mentally ill.

- In Fresno County’s rural communities, it is not uncommon for one of the only two police officers on duty on any given night to spend several hours or more in the hospital ER monitoring a violent 5150 patient, leaving only one officer to protect the streets.

- It is not uncommon, when one of two rural community-based ambulances is transporting a Fresno County 5150 patient to an inpatient psychiatric facility in Bakersfield or Sacramento, to leave that community with only one ambulance to serve the entire area.

- It is not uncommon for a 5150 patient to be charged with a crime, presenting even more complex challenges. It has been reported that a local police department spent nearly its entire annual overtime budget on one 5150 patient, navigating between the hospital ER, the County, and the Sheriff’s Department.
SOLUTIONS

Hospitals on their own initiative have pursued ways to more efficiently handle 5150 patients. These methods include advanced training for case managers, better tracking of frequent ER users, and creating their own crisis intervention teams. But ultimately, the answer must involve local government. Among the important steps:

1. Fully maximize the County’s existing programs (OPTIONS, for example, a short-term program designed to serve adult mental health consumers who would benefit from daily access to services in a more structured environment) to respond to and manage the frequent ER users.

2. Establish a shared data base (or, at the minimum, a County-owned data base) that tracks frequent users, those who are part of the County’s current full service partnerships, those who come to hospitals from the Fresno PD, and other main sub-groups.

3. Redirect current mental health dollars to establish a Community Triage Center or Crisis Intervention Unit to serve as the ‘front door’ to the County’s mental health services where care can be coordinated to ensure the best use of County resources. This would allow the County to more effectively serve as the ‘gatekeeper’ for the mental health dollars and more swiftly make hold determinations and move 5150 patients to a county treatment facility rather than disbursing them into the private hospital facilities.

4. For jail inmates who are deemed in need of a 5150 hold evaluation (and who have no overriding medical/physical condition), require the Fresno County jail to provide that evaluation in the jail rather than transporting inmates to a hospital ER.

5. Open a dialogue with the Fresno Police Department and other law enforcement agencies to ensure that 5150 holds are appropriately written, and increase crisis intervention training for law enforcement so officers can more effectively manage their interactions with mentally ill residents.