

DATE: April 8, 2022

TO: Board of Supervisors  
Jeffrey, V. Smith, M.D. J.D., County Executive

FROM: René G. Santiago, Deputy County Executive &  
Director, County of Santa Clara Health System

Eureka Daye, Director of Custody Health and Behavioral Health  
Services

SUBJECT: Off-Agenda Report on Custody Health

---

During prior Board of Supervisors' Study Sessions and Health and Hospital Committee (HHC) meetings, there were requests for more information about a proposed Custody Health Services (CHS) Assessment and Observation (A&O) unit that could include planned criteria for admission and discharge, timeline for implementation, and plans for evaluation of outcomes.

This effort was suspended given the Board discussion about the jail replacement facility and the recent reforms diverting populations traditionally incarcerated. Concurrently, new Director Dr. Daye has been assessing the needs of the patient population, the current and planned design issues and challenges, and prior proposals. As the Board has noted and approved, she has proposed restructuring plans that changed the course direction identified by the A&O proposal. This memorandum is an update and current work on an Adult Psychiatric Unit (APU).

### **Acute Psychiatric Unit (APU) Solution**

Instead of pursuing an A&O Unit, CHS has made operational and clinical improvements to capture the identified patient population even under the current institutional setting. By changing workflows, patients that were previously identified as temporary, involuntary, 3-day legal holds are now diverted to an Acute Psychiatric Unit (APU) that allows patient care to be driven by clinical determination of a patient's treatment needs (Penal Code 2603).

In December of 2021, CHS shifted to an Adult Psychiatric Unit (APU) system of care capable of providing long term mental health care to a potentially larger patient population than the previous system (e.g., intended patient group of the A&O Unit). Under APU, admission criteria included patients with mental health symptoms beyond harm to self or to others, such as those whose mental health condition was serious enough to require 24-hour nursing supervision; others whose mental health condition interferes with their ability to function with activities of daily

living; or those who require the frequency and intensity of mental health services that are only available in the APU and not offered or provided in other housing units.

Expanding the criteria base has enabled mental health providers to thoroughly determine any mental health needs for the patient and develop appropriate treatment plans versus the previous system where patients may have initially been housed in a unit that didn't meet the level of care needed. And while not all of the individuals initially seen at the APU may need this continued, higher level of care, the inclusiveness provides greater opportunity to capture those who do.

### **Conclusion**

The ongoing restructuring plans, the better identification of patients' needs, and operational improvements already implemented have made the 2018 idea for an Assessment & Observation (A&O) Unit obsolete. The CHS Adult Psychiatric Unit (APU) has achieved the A&O Unit's goal of providing more inclusive medical and mental health treatment to a unique subset of patients than under prior operational conditions. Additionally, The Director will keep the Board informed through study sessions about Custody Health Services restructuring plans.