

ATTACHMENT

For Item

#26

**Tuesday,
May 24, 2022**

**PUBLIC COMMUNICATION RECEIVED BY THE
CLERK OF THE BOARD**

From: [Ter-Vrugt, Amber J.](#)
To: [FGG, Public Comment](#)
Cc: [Bohannan, Joshua D](#)
Subject: [External] Scripps Health Comment Letter on Item #26
Date: Tuesday, May 24, 2022 2:07:29 PM
Attachments: [County Comment Letter CARE Courts 5.24.2022.pdf](#)

Good afternoon,

Given the character constraints with the ecomment function, sending Scripps' comment letter on Item #26 to you directly. We have a neutral position on the item.

Thank you for your consideration,
Amber

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May 24, 2022

San Diego County Board of Supervisors
[sent electronically]

Subject: Scripps Health Comments on ITEM # 26 - “Addressing the needs of vulnerable and homeless populations: Support for Community Assistance Recovery and Empowerment (CARE) Courts.”

Honorable Board of Supervisors:

On behalf of Scripps Health (Scripps) we appreciate the opportunity to offer comments on Community Assistance Recovery and Empowerment (CARE) Courts.

Scripps is a not-for-profit integrated health care delivery system with a deep and rich history serving the health care needs of San Diego County. For more than 100 years, Scripps’ mission has been to deliver high quality, safe, cost-efficient, socially responsible health care to the individuals and communities we serve. These core values are embedded across our health care system, and we strive to reflect them in all we do.

Governor Newsom’s CARE Court proposal would provide a court-ordered plan with the intention of connecting a person with 24 months of case management and services including public defender, clinical services, and a housing plan. CARE Courts also comes with an enforcement mechanism, whereby if a person is not compliant, they can be brought to a hospital on an involuntary hold.

Scripps began working with our fellow health care providers, lawmakers and policy staff immediately following the March 2022 introduction of policy framework for CARE Courts. We care deeply about the patients in our care. We want them to heal, and our caregivers work tirelessly to that end. We celebrate the laser focus on the challenges these populations face and appreciate the intent of this plan to better serve certain individuals who need specialized care.

While we do not have a formal position of support or opposition on CARE Courts, health care providers like Scripps are on the front line serving these populations and we appreciate the opportunity to provide comments on the proposal. We, like you, want solutions that improve the lives of vulnerable populations in our community and patients in our care. CARE Courts could be the catalyst for systemic change needed in the continuum of care for vulnerable members of our community experiencing

homelessness and mental health challenges. However, for CARE Courts to be successful, Scripps strongly urges you to consider several critical factors.

Our community must build the basic programming needed to implement the court-mandated plans for CARE Courts to be successful. Without this infrastructure, we will only be adding another layer of difficulties for these vulnerable populations and their families without solving the core problems they face. Our community needs to focus on the reasons why these populations are unable to access the right level of care today. These reasons include, but are not limited to, a lack of facilities that specialize in behavioral health care; health care workforce shortages particularly in behavioral health specialties; insufficient drug and alcohol programs; and deficiencies in the amount of permanent supportive housing, board and care facilities and other appropriate post-acute long-term placements in the community that can support themselves based on their revenue or through health insurance reimbursement.

WORKFORCE

The Governor's CARE Court proposal will require attracting more workers in legal and behavioral health service areas. San Diego must contend with housing costs and a variety of other barriers to address our unique workforce shortages. We appreciate and support the funding and other mechanisms laid out in the Governors' May-Revise for the Care Economy, a budget proposal to bolster our states' health care workforce, and we look forward to local solutions that focus on the unique needs of San Diego.

WE NEED TO BUILD AND FUND SERVICES IN THE COMMUNITY

Today we do not have enough community-based services to provide the care individuals who suffer from complex, co-occurring mental health disorders and homelessness need and deserve. These services will be critical for person(s) who need to comply with CARE Court plans.

Without services in the community, these individuals will remain in a hospital or other institutionalized setting. We don't have to look far to find a roadmap for the services needed in our community. Many of our patients have extended lengths of stays as inpatients in the Scripps Behavioral Health Unit (BHU) and throughout our hospital floors well after they are ready for discharge from a medical and psychiatric standpoint. Administrative Days occur when a patient no longer needs acute care in a hospital, but there is nowhere else for them to go. So, while they wait for the appropriate placement, they stay in a hospital bed and hospitals are reimbursed at a lower level. Administrative Days rose to an all-time high in San Diego this year and they tell the story of the plight of vulnerable person(s) in our care waiting for placements that we can't access. Each Administrative Day represents a day a person spent in a hospital instead of a day they spent at a facility designed to meet their unique needs in the community. Patients wait for months and sometimes years for the care they need and deserve.

In any given year Scripps serves tens of thousands of patients that fall within the continuum of co-occurring health issues resulting from a combination of mental health diagnoses, substance abuse disorders and/or homelessness. In analyzing our patient cases, this past month we served dozens of patients that would likely be a fit for CARE Court intervention. These patients are medically and psychiatrically stable and could be discharged to a lower level of care if that care was available. Within this subset, we served patients in Scripps BHU and on the medical floors whose lengths of stay's ranged

from 200 to more than 500 days. During the Omicron surge earlier this year, Scripps had more than 60 patients in this subset occupying inpatient beds, ready to be discharged to a lower level of care, but with no available place to go. It's closer to 20 patients now, but it's still a significant number. Failure to transfer patients out of the acute care behavioral health unit and medical floors impacts everyone. It is not the best situation for our patients who are waiting for placement, and it prevents us from being able to serve other members of our community experiencing acute medical and behavioral health emergencies in our BHU, leaving new psychiatric patients in our already crowded Emergency Rooms. Additional services in the community would help CARE Courts realize its goals for these patients without exacerbating the challenges we face in our hospitals.

This bottleneck is a direct result of not having adequate post-acute care services locally. Words cannot express how difficult it is for Scripps' care team to place patients needing longer-term support in settings that are best suited for their needs. San Diego simply does not have enough post-acute facilities, and the existing facilities and programs don't have the appropriate funding or services in place. This issue negatively impacts our patients, causes significant stress on our already strained workforce, and results in added pressure on emergency response personnel who are bringing patients to our emergency rooms.

The existing reimbursement gap for community safety-net services must also be addressed for CARE Courts to be successful. Medi-Cal health insurance (Medi-Cal) only pays for medical needs - it does not cover food, shelter (housing), and clothing. Medi-Cal will cover long term care at a skilled nursing facility, adult day care and caregivers (in-home support services); however, this insurance coverage offers low reimbursement which is prohibitive for many community-based services. Further compounding the issue, skilled nursing facilities can choose which patients and how many patients they will accept from the hospital setting and hospitals are unable to directly discharge patients to homeless shelters. Only recently did Medi-Cal health insurance begin covering the costs for recuperative care, allowing certain homeless patients with medical needs post-hospital to be placed in beds at facilities like Father Joe's and Interfaith. Medi-Cal provides limited reimbursement for assisted living; however, there are extreme criteria and a minimum 6–12-month waitlist for an assisted living facility where Medi-Cal will reimburse. And to make matters worse, most of the assisted living facilities cost about \$3,500+ a month while most patients who are on Social Security Supplemental Income receive much less, approximately \$930 a month. This type of care that provides housing, food, shelter, and clothing can be the determining factor for patients whose mental health can't be managed, leading to LPS conservatorship.

CONSERVATORSHIP AND PERMANENT SUPPORTIVE HOUSING/LONG-TERM CARE

We appreciate that the intent of CARE Courts is to serve as an early intervention step to avoid an LPS Conservatorship. To be successful, it must be combined with permanent supportive housing and long-term care options in the community.

A Lanterman Petris Short (LPS) Conservatorship is the legal term used in California which gives one adult (conservator) the responsibility for overseeing the comprehensive medical treatment for an adult (conservatee) who has a serious mental illness. LPS conservatorship removes a patients' rights to make their own decisions, but it does not automatically ensure the patient will receive the care they require, nor does it guarantee that the patient will have a place to go to receive treatment. LPS conservatorships are for patients who are gravely disabled and unable to provide food, shelter or clothing for themselves as a result of a mental illness. If Scripps is successful in securing placement of conserved patients into a

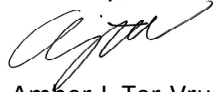
skilled nursing facility or other appropriate level of care that provided their food, shelter and clothing – these patients would no longer be gravely disabled and would no longer need conservatorship.

This is extremely important, as so many patients who have mental health diagnoses would not require LPS conservatorship if they were afforded stable housing, where they had psych medication management support and intensive outpatient mental health treatment. Many patients make poor choices when they are not consistent on their psychiatric medication and/or therapy. If locations such as assisted living facilities, skilled nursing facilities and other health care facilities could/would be funded differently to allow these patients to remain on their psychiatric medication plans, then patients would have a facility that would provide food, shelter and clothing for the patient without taking away the patient's rights.

There will always be patients who need LPS conservatorship, but so many times patient's fail in the community because of a lack of housing and appropriate levels of care that are funded by the patient's available income, which often leads to LPS conservatorship. If more housing options and/or more appropriate levels of care are available that are funded at the income level of the patient, then many of these patients would not fail and find themselves in an LPS conservatorship. We need sustainable long-term facilities that can support themselves based on their own income or through what health insurance is willing to cover.

In closing, Scripps is dedicated to serving these vulnerable populations and we thank you for your partnership. The insights provided in this letter come directly from our front-line social workers and behavioral health clinicians. Scripps looks forward to continuing our work on these concepts, together.

Sincerely,



Amber J. Ter-Vrugt
Senior Director, Government Relations
Scripps Health

CC: The Honorable Todd Gloria, Mayor, City of San Diego