

**PSYCHIATRIC TRIAGE DIVERSION PROGRAM**

An MHSa Program

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**BACKGROUND:**

- Historically, approximately 40% of individuals who presented to Arrowhead Regional Medical Center Behavioral Health Triage Unit (psychiatric emergency room) had needs that did not require psychiatric inpatient treatment including, but not limited to: mental health and medical needs, housing, food, drug and alcohol services, transportation, and domestic violence.
- Many of these individuals were unnecessarily or inappropriately hospitalized.
- The hospital staff lacked the expertise to create alternatives to hospitalization.

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**PROPOSED SOLUTION**

Develop a program:

- Collaborative team with DBH and ARMC staff, co-located in the ARMC Psychiatric Triage Unit.
- To assess voluntary walk-in clients for medical necessity for inpatient treatment.
- Create alternative solutions to hospitalization designed to meet the needs of the client.



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### The Diversion Team was Born!

- Designed to see approximately 75 individuals a month with a goal of diverting approximately 300 individuals a year to community based outpatient services.
- Initially staffed with 1 clinic supervisor, 1 social worker II, an office assistant II and a psychiatrist.
- Began providing services November 1, 2005.



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### YEAR ONE - All About Learning

- No other diversion programs to model.
- No protocols or procedures.
- Brand new staff.
- Charting unknown waters as the first DBH clinic co-located at ARMC.



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### FIRST YEAR ACCOMPLISHMENTS

Total clients seen: 1480

Total number of clients diverted to outpatient services: 1061 (72%)



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**LESSONS LEARNED**

- There was a far greater need for services than expected.
- Services were needed 6-7 days a week.
- More staff were needed to provide services.
- Clients and service providers required education on the appropriate use of emergency room and inpatient services.

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**YEAR TWO**

- Services were expanded to Monday through Saturday from 8 am until 9 pm.
- Alternative scheduling was utilized, (four 10-hour days) to have staff available for additional service hours.
- Two additional staff were hired.
- Data collection tools were created.

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**YEAR TWO OUTCOMES**

- A total of 2555 clients were provided services
  
- A total of 1690 (66%) were diverted from inappropriate and/or unnecessary hospitalization to appropriate, community-based services

**AND**

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THE RESULT WAS.....

**COUNTY OF SAN BERNARDINO  
PROGRAM OF THE YEAR**

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**WHERE ARE WE NOW?**

A total of 12 direct service clinicians:

- 1 supervisor
- 4 clinical therapist I
- 6 social worker II
- 1 mental health specialist
- 1 office assistant III

Providing services 7 days a week from 7 am until 11 pm.

Providing Services to up to 450 clients a month, diverting 80% of those clients to community-based outpatient services.

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**SERVICES PROVIDED**

- \* For All Voluntary Walk-in Clients -
- \* Assessment
- \* Crisis intervention
- \* Placement and housing assistance
- \* Transportation assistance
- \* Linkage and referrals to service providers
- \* Advocacy on behalf of the clients
- \* Psycho-education for clients, families, caretakers, service providers, and the public
- \* Consultations

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**SERVICES PROVIDED continued....**

For clients who have been assessed by a psychiatrist on the Triage Unit and found not to meet criteria for inpatient treatment:

- Psychosocial assessment
- Psychiatric assessment
- Discharge planning activities, including:
  - Placement
  - Transportation
  - Referral and Linkage to service providers

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**OUTCOMES**

- Currently provide services for up to 450 clients per month.
- Currently divert approximately 85% of the clients to community-based, outpatient services

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**ADDITIONAL BENEFITS**

- Created a professional and productive bridge between DBH and ARMC.
- Able to assist other DBH programs as gatekeepers, such as the Mentally Ill Homeless Program and the TAP, dual diagnosis program.
- Provide consultation with ARMC discharge planners for placement alternatives and DBH resources.
- Provide consultation with law enforcement.
- Provide consultation to fee-for-service hospitals regarding discharge options and community resources.

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QUESTIONS AND DISCUSSION

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Thank You.

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