

Announcement Regarding Sausal Creek Redesign

A message brought to you by Aaron Chapman, MD, BHCS Medical Director; and Kate Jones, RN, MS, Director, Older Adult System of Care

In an effort to meet our DHCS contractual obligations and to reduce wait times for mandated specialty services, the Telecare Sausal Creek facility will be retooled to become a needed provider of specialty medication support. The Sausal Creek Crisis Stabilization Unit will cease operation on July 1, 2018 and after a short period of closure for needed facility improvements, Sausal Creek will re-open as a Level III program. We anticipate a reopening on July 17, 2018.

As a part of our messaging and planning for this necessary change, we will be working with our current network of specialty service providers to assure an understanding of their need to meet urgent care needs of their enrolled consumers. We will also be communicating with the two local health plans (Alameda Alliance and Blue Cross) regarding this redesign of our BHCS specialty services and the need for the health plans to provide for the urgent care needs of consumers with mild to moderate need.

BHCS will be implementing a transitional plan to ensure that individuals in need receive care during the Sausal Creek closure and retooling. This transitional plan will also allow for the larger system to adapt to the cessation of the urgent care function of Sausal Creek. During this period of transition the Crisis Response Programs (CRP) will provide walk-in assessment, medication evaluations, and refills. The schedule of these services will be as follows:

- Crisis Response Program – North County
7200 Bancroft Ave.
Suite 125A
Oakland, CA 94605
Mon and Fri 8:30am-4:00pm
- Crisis Response Program – South County
409 Jackson Street
Suite 100
Hayward, CA 94578
Wed 8:30am-4:00pm

It is not the intent of BHCS to recreate the urgent care services that have been provided at Sausal Creek.

Please be aware that if the presenting individual is open to another BHCS program, the CRP on-duty clinician will contact and redirect individual to that provider. The clinician will make every effort to contact the specialty program to help individuals connect with their assigned team.

If the presenting individual is experiencing mild to moderate behavioral health symptoms they will be referred to their primary care provider or to their managed health plan.

If the individual is in urgent need of assessment and medication support for moderate to severe symptoms, on duty clinicians and psychiatrists will temporarily be available to accommodate walk-in patients. During this transition all efforts will be made to ensure that individuals in need do not go without needed care.

BHCS is excited about this change and we believe that this change will have a significant beneficial impact on the unacceptable wait times historically experienced by clients eligible for medication support care. We understand that with change comes challenge and we stand ready to work toward resolution of any challenges precipitated by this program change.