

Inside John George Psychiatric Hospital

Summarized by Thomas T. Thomas

Most of our family members only know the [John George Psychiatric Hospital](#) in San Leandro from a time of crisis, when we're experiencing a state of worry, exhaustion, confusion, fear, anxiety, sadness—you name it ... every emotion in the book. What really goes on there? At the May 22 Speaker Meeting, we heard from **Patty Espeseth**, Chief Administrative Officer; **Francesca Tenenbaum**, Director Patients' Rights and Advocacy Training; and **Beverly Bergman**, Family Caregiver Advocacy Specialist. These friends of NAMI are highly experienced and know the territory well.

Beverly Bergman, whose position is funded by the Alameda Healthcare and Wellness Center, helps families navigate the system, fill out [AB1424 forms](#) to inform the doctors and staff about their loved one's condition, and prepare them for what comes next. She is available in the hospital's lobby five days a week (four days starting in June).

Francesca Tenenbaum has been a patients' right advocate for 26 years. Two years ago, she began directing special teams that monitor the facility for compliance and investigate and respond to complaints from patients, family members, and staff. Her role is to provide support and ensure the facility gives quality treatment. "John George is my family," she said. "It often gets a raw deal, and people don't know about what's special there."

Patty Espeseth is both a family member who has led a NAMI support group for 29 years and has administered inpatient adult and geriatric psychiatric programs as well as outpatient behavioral health services. She recently became the chief administrative officer of the John George facility. Espeseth acknowledged the stories about John George and has worked to make the facility a respectful and safe place for patients, and to provide caring, compassionate treatment.

Patient volumes have recently dropped off, according to Espeseth. In 2018, there were 13,395 total visits to Psychiatric Emergency services, or about 37 per day. So far in 2024, there have been 6,937, or about 25 per day. The team attributed this reduction to the pandemic and to the fact that many Bay Area hospital emergency rooms have now added psychiatric consultations, as have many clinics and schools. So patients no longer need to travel to John George to have a [5150 evaluation](#).

The goal at John George is to stabilize the acute symptoms of mental illness. Espeseth said that the facility has added many specialty programs, such as In Our Own Words, where people with severe mental illness share their stories, as well as an Alcoholics Anonymous program and referrals to local NAMI groups. In outdoor recreation, they have added an Olympics Day and, during football season, a Super Bowl throwing competition. There is a space for garden therapy, and the hospital has hosted visits with animals from the Oakland Zoo, musicians, and a magician.

"Most people with mental illness are more likely to be victims of violence rather than perpetrators," Espeseth said, "but we do get those who are violent." The

hospital has a priority of making the environment safe, increasing compassionate care, and providing early intervention. They have made their rapid response teams more robust and effective. They have increased weekend and evening programs and provided more leadership on the floor.

As a means of reducing assaults with injury, the staff is practicing accountability and does a video review of every incident to see how things might have gone differently. Because many assaults among patients occur between eight and eleven in the morning, the staff alleviates tension by increasing food options, extending breakfast hours, and providing snacks at any time, not just during specific periods. At change of shift, the staff introduce themselves to new patients so that everyone knows them. These efforts have reduced assaults with injury by 34 percent.

The staff at John George includes 300 registered nurses. In 2024 so far, the hospital has only six open positions, and the turnover rate is only 5.3 percent. Espeseth said they plan many team activities, and she recognized the quality of the nurses and staff.

Once a patient leaves John George, it can typically take 17 days to find and get into a subacute facility like the [Villa Fairmont Mental Health Rehabilitation Center](#) in San Leandro. To help patients connect to services after assessment and treatment, the staff have several programs. The treatment team shares referral information with the patient, will see if the patient will share their medical information with family members, and check if the family has submitted an AB1424 form. Crisis Connect is a program for adults and transition-age youth to link patients to services. And in 2024, the hospital added a Substance Abuse Navigator position, a person in recovery with lived experience who knows the system.

In the nationally recognized [Press Ganey Satisfaction Survey](#) of patient experience, on the basis of 72 patient submissions, John George recently received an 86.81 percent good to very good overall rating. The rating of staff working together to care for the patient was 88.85 percent good to very good.

For the future, John George wants to sustain positive results and keep going to further improve its record on reduction in assaults with injury. The recent Proposition 1 ballot measure will increase funding, which may source program expansions and more beds. The hospital also expects to receive more national attention, such as from the [Centers for Medicare & Medicaid Services](#). And it will focus on referrals to the county's [CARE Court](#) and [Assisted Outpatient Treatment](#) (AOT).

Q. How many patients are present in Psychiatric Emergency Services at any one time?

A. When the number gets to about 30, the staff starts looking at their “pink sheets”—notices about ambulances coming into the hospital. When the number of patients gets up to 40, they begin to plan for diversion. PES has a triage area with a psychiatrist and a nurse to evaluate patients entering the facility.

Q. How many people from Psychiatric Emergency Services are admitted to the hospital?

A. Generally, about a third. There may be a 23-hour crisis stabilization period, so that any emergency medications can take effect and for abused substances to leave the patient's system, so that the staff can make a good assessment.

Q. What about offering geriatric psychiatric services, especially for people who want voluntary treatment?

A. John George is looking at geriatric services. The cost of a 24-bed facility is high, about \$33 million, because of all the requirements a hospital must meet. But a geriatric psych unit can break even at that rate.

Q. My son was twice admitted to John George in 2023. Both times, when the staff put him into restraints, they left bruising on his arms. Aren't they trained?

A. The pandemic changed things, and sometimes staff didn't get the extensive training they needed. Patients' Rights investigates these claims. And John George is working on solutions and monitoring.

Q. In my son's medical records, I see references to "one-on-one" and "two-on-one" supervision. What is that about?

A. The staff will supervise a patient one-on-one if they exhibit confusion, to keep them from wandering off or risk falling. They will supervise two-on-one those patients who may be liable to injure other patients or staff.

Q. How far back in time to you want to hear about our complaints?

A. It's good to get these stories, especially for our program in violence reduction. Family members can contact Patty Espeseth directly with a call or text to her cell phone at 510-381-4819, or email her at pesepeseth@alamedahealthsystem.org.