Innovation Work Plan Narrative

Date: 5-18-11

County: Fresno County

Work Plan #: INN-02

Work Plan Name: Emergency Department Team providing overnight stay, community supports, effective linkage and referral services

Purpose of Proposed Innovation Project (check all that apply)

- ☐ INCREASE ACCESS TO UNDERSERVED GROUPS
- ☐ INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- ☐ PROMOTE INTERAGENCY COLLABORATION
- ☒ INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

The reasons for selecting the above purpose is guided through the input and feedback we have received through our stakeholder process. Stakeholders expressed a strong desire for additional crisis related services. Innovative ways to reduce clients length of stay at Emergency Department's (ED's) and the rate of recidivism at ED's was a key priority in the stakeholder process as well as in the data analysis conducted by the Department. Innovative ways in assisting clients and families to be linked to appropriate levels of care from ED's is needed in the community to prevent and/or reduce further re-entry into crisis/hospital settings, reduce the "clogging up" of ED's for clients that could be better treated elsewhere, and to offer alternative forms of treatment that are appropriate to the level of care needed by the client, and to offer peer and family support that will promote a wellness and recovery driven innovation plan.

Though all of the essential purposes above are components of this plan, Fresno County will focus on Increasing Access to Services as the primary purpose. The focal component of this innovation plan is to transition clients waiting for long periods of time during the night hours (approximately 8PM through 8AM) at ED's to locations that can provide overnight stay. At this overnight stay location, clients will be assessed, and provided linkage to appropriate levels of care and community supports. Linkage during the next day, will be effective as the alternative mental health service sites (Urgent Care Wellness Center, Metro Main Mental Health program, community FSP's etc) will now be available to accept these clients as their normal times of operation are usually during the day hours.

As stated in the findings reported by the Hospital Council of Northern and Central California letter to the Fresno County Board of Supervisors (dated January 1, 2011) the number of ED visits have increased significantly, resulting in various challenges throughout the system of care delivery system as well as resulting in long delays to services that are needed by the most acute patients. Data contained in this report included the following:

Community Regional Medical Center (largest private mental health provider in the County) Emergency Department has experienced significant impacts as stated below:

• In September 2008, Community Regional's ER treated 195 "5150" patients. One year later (September 2009), that number was 495. Today, the hospital is seeing over 500 patients a month and that number continues to climb.

• The average length of ER stay for a mental health patient before transfer is more than 19 hours, four to five times longer than the average ER patient.

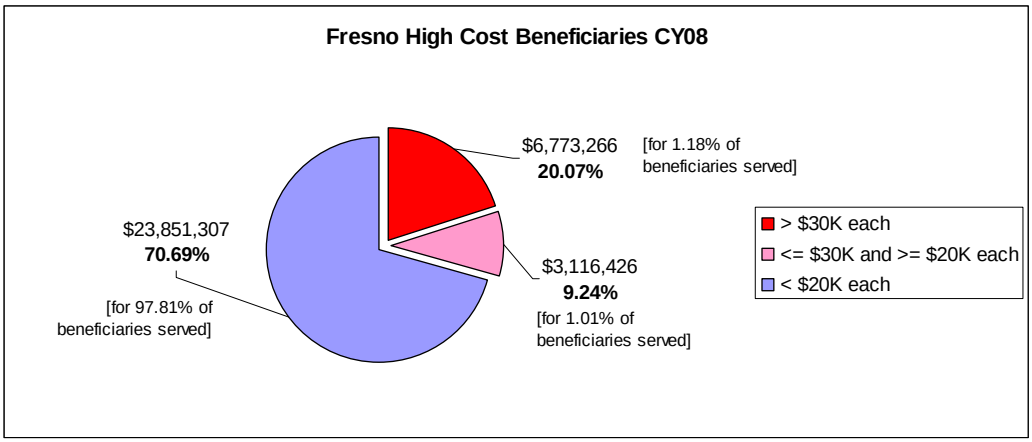
• More than 50% of 5150 patients need inpatient admission, so they are being placed into the general patient population throughout the hospital.

Clovis Community Hospital - The total number of patients seen in the first seven months of 2010 nearly exceeds the 2009 annual total.

As reported by EQRO 2008 data below, the cost of high cost beneficiaries also results in draining resources system wide. Clients that continue to enter ED's and inpatient hospitals on a periodic basis account for significant resources compared to the actual volume of clients being served.

EQRO Data - 2008 - High Cost Beneficiaries (greater than $30,000 per beneficiary per CY)

	MHP Beneficiaries Served			Approved Claims		
	# HCB	# Served	%	Average per HCB	Total Claims for HCB	% of total claims
Statewide CY08	10,196	432,149	2.36%	$49,262	$502,271,610	25.19%
Fresno CY08	148	12,538	1.18%	$45,765	$6,773,266	20.07%
Fresno CY07	135	13,264	1.02%	$44,659	$6,028,935	16.80%
Fresno CY06	140	13,832	1.01%	$47,980	$6,717,268	16.93%
Fresno CY05	133	13,879	0.96%	$44,515	$5,920,515	14.25%



Transitioning clients from ED's and offering overnight stay, effective linkage, and other client/family supports shall increase Access to appropriate care and levels of services for traditionally underserved groups and increase Access to appropriate services for all clients seen in this Innovation program. There will be an increase in quality of services provided, including better outcomes as clients will be assessed and linked to services that are wellness and recovery oriented, culturally appropriate, linked to services that match their need, as well as providing effective follow-up to reduce the rate of recidivism. By working with ED's, Urgent Care Wellness Centers, Full Service Partnership Providers, natural community supports such as faith based organizations, and primary care providers, this innovation program will successfully promote Interagency Collaboration. To support the communication and collaboration of this ED team, County/contracted staff shall work closely with hospital staff to ensure optimal services are provided to clients. It is proposed that ED staff and Hospital staff shall work closely together in a team setting

The two charts below show External Quality Review Organization (EQRO) data for 2008-09 Medi-Cal Eligible vs. Beneficiaries Served by Race/Ethnicity. The second chart indicates that Fresno County needs to increase access to services for underserved groups in the community.

Chart 1

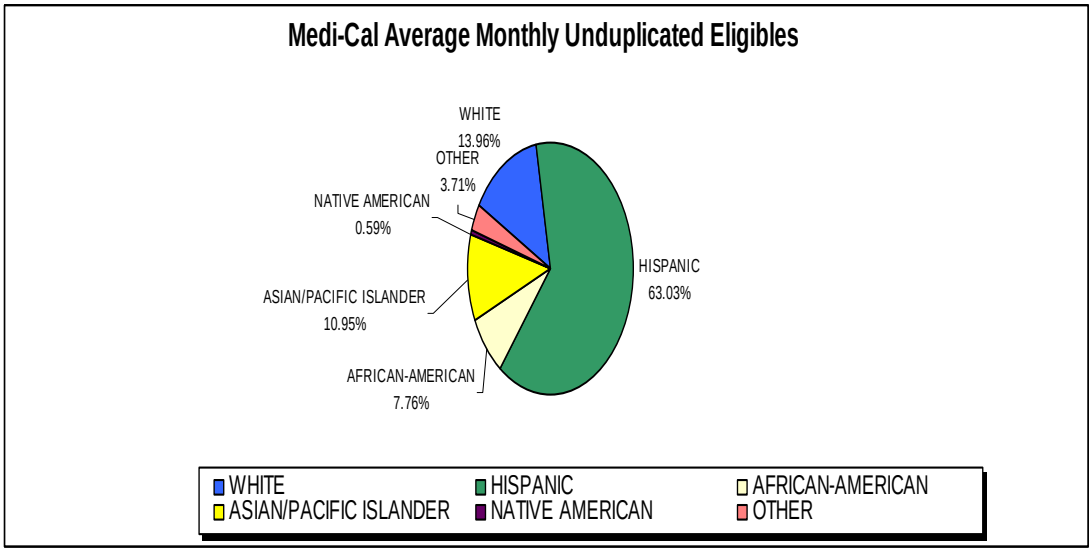
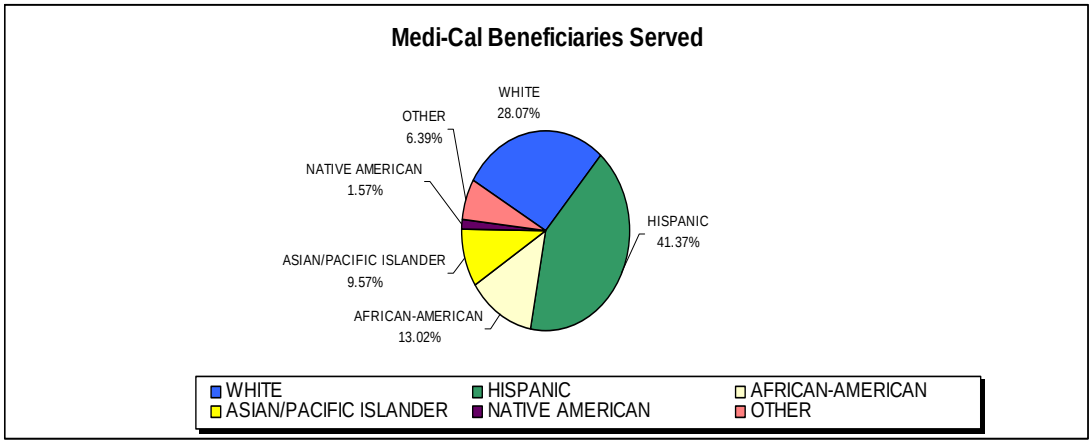
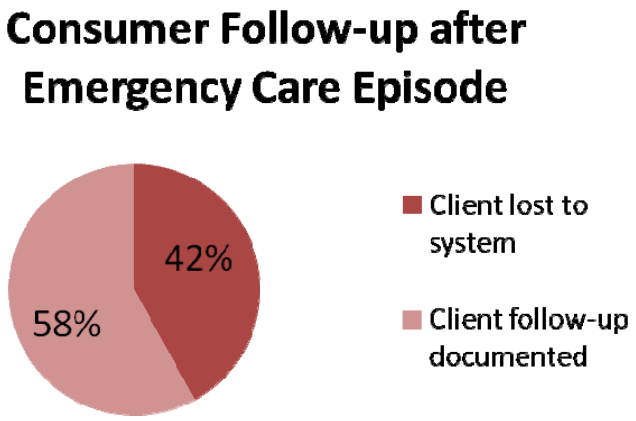


Chart 2



Providing temporary overnight stay and community supports and effective wellness driven linkage for clients presenting at ED's has not been done before and is supported by the community stakeholder process.

RDA Performance Review (Technical Report 2010) determined that there was a need for a more effective and wellness and recovery focused transition/discharge from Emergency Departments to appropriate lower levels of care as many consumers were "lost" in the system and more prone to recidivating.



Data shows an increased number of consumers who are going to ED's for their mental health treatment needs. It is clear that many of these clients would have been better served if they had been linked to lower/alternative levels of care. Clearly this population is not appropriately served. In addition, the frequency that members of this population are re-admitted and re-discharged is an indication they are not properly served and are not receiving appropriate discharge follow up care. Fresno County's will link these individuals to the proper services and lower the recidivism rate at ED's. The overnight stay, community supports and effective linkage offered in this innovation plan will create a support system based on wellness and recovery for the client and family.

This innovation approach will extend to the rural areas of Fresno County and work with ED's in outlying areas such as Coalinga, Selma and Reedley. Serving rural communities was also identified as a key priority in the stakeholder process. Consumers in rural areas will be served in the same way consumers who reside in metro areas of Fresno County will be served. Due to the incorporation of rural ED's into this plan members of the rural communities will be able to utilize this program as well. Other service providers such as Crestwood will also be served under this program as circumstances warrant. It is hoped that this innovative approach will successfully engage, link, and provided follow-up services as needed. As indicated by past EQRO reports, appropriate and culturally competent service models are needed to address the rate of crisis services received by the various populations in the community. If this

innovation strategy is successful, the proper linkage to services will be made therefore resulting in a higher quality and cost effective delivery system.

During the stakeholder process, stakeholders identified a need for better communication and collaboration between the Department and the community. RDA also identified a need for the Department to increase collaboration and communication with other agencies and with stakeholders in the community. This innovation strategy will be one of the links between the Department and those community agencies and stakeholders. Due to the efforts of this innovation strategy, the Department will be fully aware of what outside programs and support systems will be available to consumers for effective linkage and recovery. Reporting to the community on measurable outcomes on a regular basis will provide agencies, stakeholders, and consumers with quantitative data to determine the effectiveness of this proposed program.

Fresno County's innovation approach will increase access to services, as consumers will be linked to services they were not previously aware of and services that are appropriate to their needs. The team will be mobile and have vehicles to assist consumers as needed.

Innovation Work Plan Narrative

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

The Emergency Department (ED) overnight stay and support program is an innovative approach in addressing effective linkage and referral for clients presenting at local ED's at times (8:00 pm-8:00 am) where other mental health supports may not be available. Current trends show during 8:00 pm-8:00 am a large number of clients entering ED's in Fresno County and having to wait long periods of time for assessment and effective linkage. During night hours many of these clients are unable to be connected to mental health services are often incorrectly assessed to higher levels of care (Inpatient hospitals) or not offered continued treatment and occasionally are lost in the system. In this proposed plan, clients will be offered overnight stay, other supports (food, effective assessment, etc) and linked to appropriate levels of care.

Staff assigned to this program shall engage consumers who are admitted into ED's and where linkage to mental health services is not available during the night when the mental health programs are not open, not enough information has been obtained from the client/family, etc. This team shall assist consumers with effective linkage and referral based on a consumer focused wellness approach. A plan shall be developed which sets goals on recovery and links clients to appropriate levels of care.

Staffing for this innovation strategy shall be a multi-disciplined team that is responsible for engagement, assessment, linkage, peer and family support, follow up and case management as applicable. The staffing for this proposed team shall include, but not be limited to: program supervisor, clinician time for emergency consultations, staffing that will provide the needed supervision of consumers being discharged out of ER setting to an overnight sleeping arrangement. Staffing shall ensure that the safety of the community, consumer and staff are a priority. Staffing must include peer/family support and linkage specialists for the purpose of assisting to final treatment/intervention destination during business hours. An important asset to the team will be hospital staff, as they will work closely with the proposed ED program to help promote efficiency and to aid in ensuring the target population is identified and served appropriately.

Transportation, overnight stay, food, and other supports will be available as needed to assist clients in their referral and linkage plan. Some key features of this program include but are not limited to:

- The ED team will provide extended hours from 8pm to 8am
- ED team will coordinate based on the recommendations of ER/hospital staff for consumers to arrive at the overnight stay for overnight hours with transportation included

Deleted: This team will consist of three peer support specialists, three linkage specialists (Community Mental Health Specialists), 3 clinicians, one driver, one Supervisor, and one office support person.

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- Provide linkage to appropriate services once services are available
- Follow-up with each consumer on a regular basis to ensure consumer is still actively participating in follow –up services.
- The team shall be culturally sensitive and offer natural supports to the client and families
- Family support services through Peer Support Specialists and Linkage Specialists will be provided to aid in the recovery of the client as well as to educate and engage with the whole family.

This plan will provide an innovative solution to the underserved population of individuals who present at ED's and are not linked to appropriate levels of care and follow up. This specific approach is new to the ED arena where overnight stay, community supports and effective linkage will be provided in a culturally competent manner. It meets the qualification of Innovation, as the model is changed from other similar linkage programs in order to best serve consumers in Fresno County. This program differs from others of it's kind in that this team will link the target population to the appropriate services needed at times where clients will be seen. This model of linkage is a promising approach to a persistant problem Fresno County is facing regarding the target population.

Other models of this type do not use Linkage Specialists and Peer Support Specialists to engage and transport the clients to overnight stay and provide effective linkage to appropriate community supports as needed in a culturally competent manner. The team will provide face to face peer support and linkage services, in addition to overnight stay. This team will help clients establish or connect with a support group, as well as link them to a cultural or spiritual centers, and provide transportation as needed. This plan not only will link them to services but will provide hard data and analysis that will help Fresno County identify a population that accounts for higher recidivism rates as well as to provide education and learning about this consumer population and their unique needs. This team will collaborate with other MHSA providers such as the Cultural Based Access Navigation Specialists in the County's MHSA PEI plan, as well as closely with hospital staff in a team focused manner. Information regarding culture, faith, sexual orientation, and other groups where the consumers may be linked outside of traditional mental health treatment will also be provided.

The issue of the high recidivism rate of consumers presenting at ED is directly addressed. The individuals in this population are not known on a deeper and personal level, due to the nature of ED visits. They are not treated effectively as most ED's do not have the resources, expertize or linkage services to assist consumers in a wellness and recovery model. The expected outcome of this team is to better link clients to appropriate levels of care, reduce the challenges faced by ED's, lower the recidivism rates at ED's, reduce costs associated with recidvism, reduce emergency room visits and associated costs, and to serve a population of consumers who are not receiving appropriate services at the ED's. This will result in a positive change in that there will be a higher success rate of consumers receiving appropriate care, more timely linkage services, more successful linkage to natural community supports; lower ED and

inpatient costs, lower law enforcement costs, less strain on hospitals/inpatient facilities, as well as greater collaboration among the community's network of care providers/hospital staff.

In relation to the MHSA and Title 9, CCR, Section 3320, Fresno County's Innovation Plan meets all identifed standards. A thorough Community Program Planning Process was done via the MHSA Innovation survey, focus groups, RDA consultant system review, and stakeholder meetings. Service delivery and evaluation for this plan will include Community Collaboration, and Cultural Compentence. This plan will be both Client and Family Driven, and focus on Wellness, Recovery, and Resilience, and will contain Integrated Service Experiences for clients and their families. A detailed description of these key components are identified below:

1. Community Collaboration- This innovation program will promote a high degree of community collaboration in that the team will refer and link the identified population to various resources within the community as well as work closely with hospital/ED's and community providers. A data base will be complied in order for the team to appropriately refer and track consumers.

2. Cultural Competence- A very important component of this plan will be the linkage and referral to various cultural and spiritual groups. In order to best serve the consumers in the identified population, especially when setting up individual's support systems, culture and spirituality will be strongly incorporated into discharge planning.

3. Client Driven- Clients who represent the identified population will be involved in their own wellness and recovery plan.

4. Family Driven- Family members of consumers will be very much a part of the recovery of the individuals within this population. Families will have a strong influence and be a key in the support systems of consumers.

5. Wellness, Recovery, and Resilience Focused- This population has not been appropriately served, as shown by the increase in this population over the past several years. This team will be highly motivated regarding the wellness and recovery of these individuals. The purpose of the team is to provide the proper tools that will equate to the wellness, recovery, and resilience of consumers.

6. Integrated Service Experiences- This team will strive to provide "access to a full range of services provided by multiple agencies, programs and funding sources in a comprehensive and coordinated manner" (Title 9, CCR, Section 3200.190). The team will collaborate with all agencies and organizations within Fresno County to best serve the clients. In order to ensure that all options are given to clients, the team will keep accurate records and have an updated and coordinated data base of measurements tracked.

Innovation Work Plan Narrative

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

The target consumer population is underserved and is increasing in need in Fresno County. An ED team will provide overnight stay and community supports as well as effective linkage services that will help Fresno County learn how to better expend resources to reduce the increase in ED visits. Data will be collected to monitor the change in the recidivism rate, success of linkage services provided, and ensure that the team is making a positive impact. This is a modified approach from other Mental Health practices relating to ED and linkage services. This approach differs due to the targeted populations to be served and the type of service delivery to be provided by this team. Other distinctive factors in this approach versus other modles are: peer support, overnight stay, links to recovery and wellness resources, focus on peer support including essential role of peer counselors on team, provision of essential practical survival resources, and focus on cultural appropriateness including cultural brokers and referrals to cultural and spiritual resources, as well as working closely with hospital staff. By offerring a wide range of support services and appropriate linkages to the targeted population, Fresno County stands to learn a great deal about the target population and increasing Access to mental health services within the County.

One learning goal Fresno County proposes is to identify the target consumer population and see a positive change in that a lower recidivism rate occurs at the ED's. Included in that positive change is proper linkage to appropriate services for the individuals. The team will keep solid records of how many referrals are made and to what organization/agency. The involved organizations/agencies will provide Fresno County with records of actual utilization of the services referred to, in order to ensure that the consumers are learning/making progress and following through. There will be follow-up by the team to help encourage individuals to utilize services. An additional learning goal is local agencies and organizations will be part of and see more interaction with the Department through constant contacts for linkages and referrals that is a means to identify the gaps and shortages of needed services which we hope will inspire these agencies and organizations to look at their operations and create new and various services that will fill this potential void.

Stakeholders and the RDA consultants identified one of the major issues in Fresno County mental health is a lack of linkage and follow-up for individuals who were in crisis/presenting at ED's. If individuals in this population continue to be served at the status quo levels, we will never learn about alternative services and effective linkage to appropriate levels of care that can be offered to serve these clients in a more compassionate manner that is wellness and recovery oriented. With the implementation of this team, Fresno County will learn the potentially positive changes that can come

from effective and integrated linkage and follow-up with clients in crisis related situations. In addition to Fresno County learning from this approach, other Counties can learn from it as well. Fresno isn't the only County with the identified problems that this model hopes to solve. A lot stands to be learned from our innovative approach that can improve best practices in mental health.

Innovation Work Plan Narrative

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates: 08/11-07/14
MM/YY – MM/YY

The Emergency Department (ED) team identified in this innovation project is expected to start in August 2011 and commence for a three period through July 2014. It is expected that this time frame will allow Fresno County Department of Behavioral Health sufficient time to assess the progress of this innovation project, make necessary adjustments as needed, as well as provide the opportunity to communicate results to the community, other key stakeholders as well as other County and State agencies.

Fresno County Department of Behavioral Health will report on a quarterly and monthly basis to key stakeholders via the Department's MHSA website, Mental Health Board meetings, as well as other community forums. The Department has established an Outcomes Committee and will report on a periodic basis key outcomes, success/lessons learned, learning achieved as well as opportunities for further learning associated with this program.

On a quarterly and monthly basis the Department will be able to track the recidivism rate of clients served for repeat ED visits, be able to track recidivism rates of clients served for other crisis services, be able to track what community supports provide the most effective alternative and lower levels of care, be able to track family and client wellness and recovery and overall feelings of less risk/stress over the time of engagement, be able to track effective and integrated linkage methods, and be able to provide time sensitive follow-up as needed.

The three year period will allow the Department sufficient time to assess the feasibility of replication through concrete data collection methods, collaboration with key community partners on outcomes achieved, as well as through review and feedback from consumer/family members and consumer advocacy groups. The three year time period allows for:

- Initial Design/training in this Innovation Program – August-September 2011
- Collaboration with ED's/hospital staff and community partners – August-September 2011
- Implementation of the program (including RFP, contracting, MOU's etc as needed) August 2011 through project completion
- Monthly and Quarterly reporting to Mental Health Board and other stakeholders – September 2011-July 2014

- On a quarterly basis during FY 2012-14 share our outcomes with local ED'S and inpatient hospitals
- Adjusting this innovation model as needed to meet the needs of the consumers/family – Ongoing – August 2011 through July 2014
- Engaging clients to capture qualitative a well as quantitative data – August 2011 – July 2014.
- Defining the model in a final/completed manner that can be replicated to other agencies/communities - June 2014-July 2014.

Innovation Work Plan Narrative

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

The ED team innovation approach will be reviewed and assessed through a community stakeholder driven process. This process will include communicating openly on the projects goals and reporting to the community outcome measurements on a periodic basis. Specifically the project will be reviewed and assessed in the following methods:

- Outcomes as stated in this Innovation approach (reduction in recidivism to ED's, reduction in recidivism to crisis services, successful linkage to community supports, client and family wellness and recovery self reporting, overnight stay that allows for compassionate care of clients, etc) will be communicated to the Local Mental Health Board and at Mental Health Board (MHB) meetings. MHB meetings are attended by various community agencies, clients and families, advocacy groups, as well as other key stakeholders. Fresno County will determine the effectiveness of the ED Team by tracking those outcomes back to the elements of the program that are most effective. We will determine an appropriate and effective way to measure the elements of the program to determine the usefulness of the approach.

- Outcomes will be shared and discussed at other community stakeholder meetings such as the Adult Mental Health sub-committee, Children's Mental Health sub-committee, as well as contracted provider organizational meetings.

- Outcome measurements will be posted on the Department's MHSA website and update periodically – monthly and quarterly.

- Feedback from the community, clients and families will be received as services are being carried out and adjustments will be made to meet the needs of the community.

- Fresno County Department of Behavioral Health has created an Outcomes Committee and this committee will review and assess the performance of the project and provide suggestions for improvements as needed.

- Annual Updates to this project will be provided to the community and community forums/meetings will be set up to discuss outcomes and/or refinements needed.

Data will be received through internal Department databases tracking client progress/linkage, as well as through ED's/hospital staff, client and family satisfaction surveys, focus groups, as well as through billing and other data systems.

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Innovation Work Plan Narrative

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

Leveraging resources is still being worked out and it is hoped that the Department can obtain leveraging resources through the following sources:

- Emergency Department's – staff time, office space, data sharing on outcomes and other statistical data, and consultation with Hospital staff
- Natural Community Partners and referral sources – Community agency staff time, office space, and consultation time as well as data measurement sharing
- Overnight stay supports existing with community partners
- Other leveraging sources to be reviewed