Innovation Work Plan Narrative

Date: 3-23-11

County: Fresno County

Work Plan #: INN-01

Work Plan Name: Integrated Discharge Team (IDT)

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 reason for selecting the above essential purpose is guided through the input and feedback we have received through our stakeholder process. Though all of the above stated purposes apply to this project, Fresno County has chosen Increase in the Quality of Services, including Better Outcomes as the primary purpose to be reviewed. Stakeholders expressed a strong desire for additional crisis related services. Innovative ways to mitigate recidivism from inpatient hospitals was clearly a key priority in the stakeholder process as well as in the data analysis conducted by the Department. Innovative ways in the discharge of clients from inpatient hospitals is needed in the community to prevent and/or reduce further re-entry into crisis/hospital settings, to offer alternative forms of treatment that are appropriate to the level of care needed by the client, to offer peer and family support in addition to clinical/medical and case management (integrated team) at discharge planning and reentry into the community to promote wellness and recovery are all reasons identified to fund Integrated Discharge Teams (IDT). As shown in Table 1 below, the number of hospitalizations has increased significantly, though the cumulative days of hospitalizations stay has not increased at the same proportion. On average clients are staying at hospitals for shorter times indicating they may require lower levels of care or alternative treatment than initially stated.

Table 1

	July 2008-June2009	July 2009-June 2010	Percentage Increase
Number of Hospitalizations	849	1906	124.5%

Cumulative days of hospitalization	5349	9788	83.0%

RDA Technical Report, December 2010

Inpatient Hospital data also indicates a significant percentage of clients being hospitalized for a length of stay within 24 hours (one day). At the two main Inpatient Hospitals used by Fresno County clients (Community Behavioral Health Center and Kaweah Delta Hospital) a range of approximately 10-20% of all clients admitted are released within 24 hours.

Fresno County July 1, 2010-December 31, 2010 - 6 Month Report of Length of Stay at two of the most frequented Inpatient Hospitals

Hospital:	**Community Behavioral Health Center**
Funding:	UMDAP
Adults:	477
Minors:	0
Total LOS:	2081
Clients with LOS of one day:	91 (or 19%)
Clients with LOS of two days:	109
Clients with LOS of 3 - 5 days:	146
Clients with LOS of 6 - 10 days:	94
Clients with LOS of more than 11 days:	37

Hospital:	**Community Behavioral Health Center**
Funding:	Medi-Cal
Adults:	533
Minors:	0
Total LOS:	2553
Clients with LOS of one day:	100 (or 19%)
Clients with LOS of two days:	123
Clients with LOS of 3 - 5 days:	165
Clients with LOS of 6 - 10 days:	94
Clients with LOS of more than 11 days:	51

Hospital:	**Kaweah Delta Hospital**
Funding:	UMDAP
Adults:	144
Minors:	0
Total LOS:	635
Clients with LOS of one day:	17 (or 12%)
Clients with LOS of two days:	40
Clients with LOS of 3 - 5 days:	47
Clients with LOS of 6 - 10 days:	30
Clients with LOS of more than 11 days:	10

Hospital:	**Kaweah Delta Hospital**
Funding:	Medi-Cal
Adults:	115
Minors:	0
Total LOS:	663
Clients with LOS of one day:	12 (or 10%)
Clients with LOS of two days:	22
Clients with LOS of 3 - 5 days:	34
Clients with LOS of 6 - 10 days:	30
Clients with LOS of more than 11 days:	17

Effective Discharge through the use of IDT shall increase Access to appropriate care and levels of services for traditionally underserved groups and increase Access to appropriate services for all clients seen by the IDT. 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 Inpatient Hospitals, 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.

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

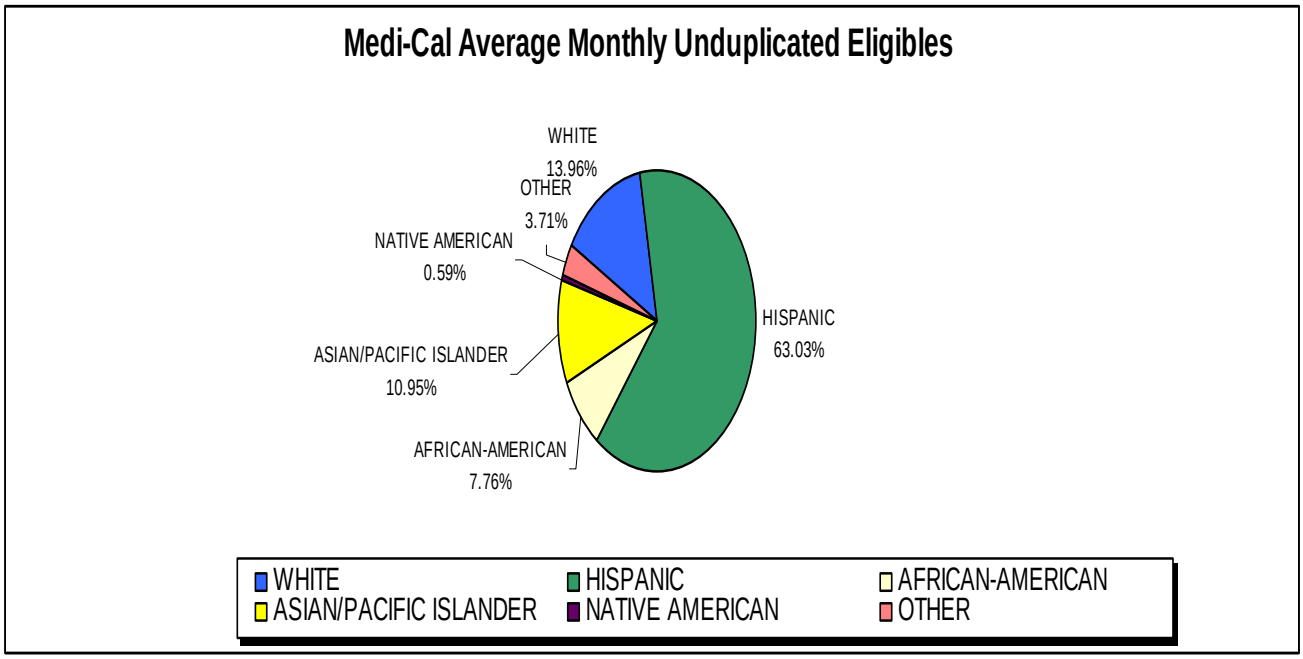
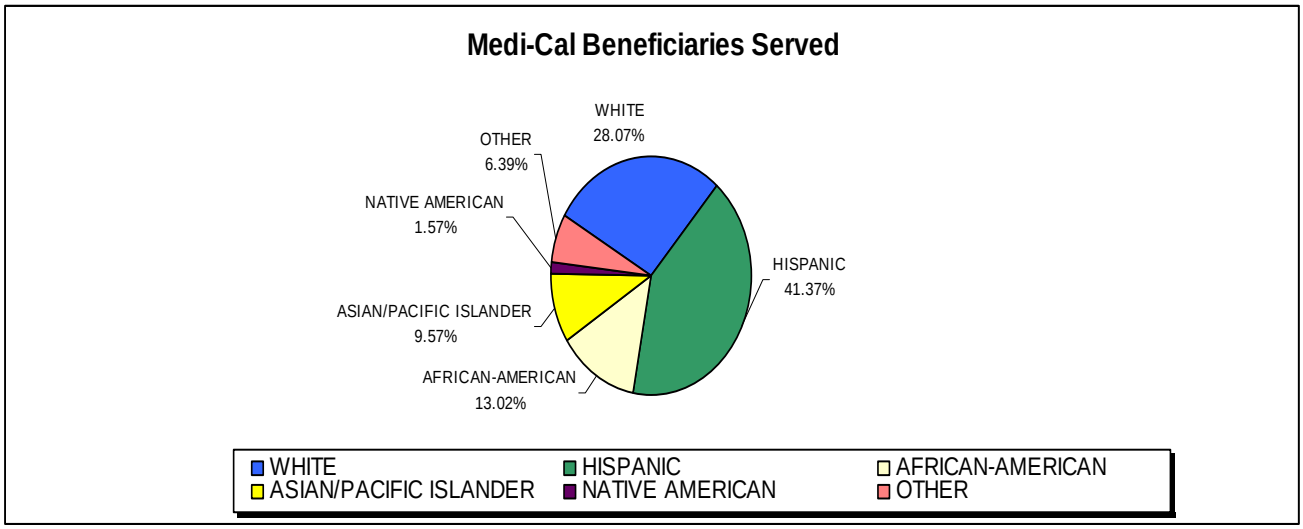
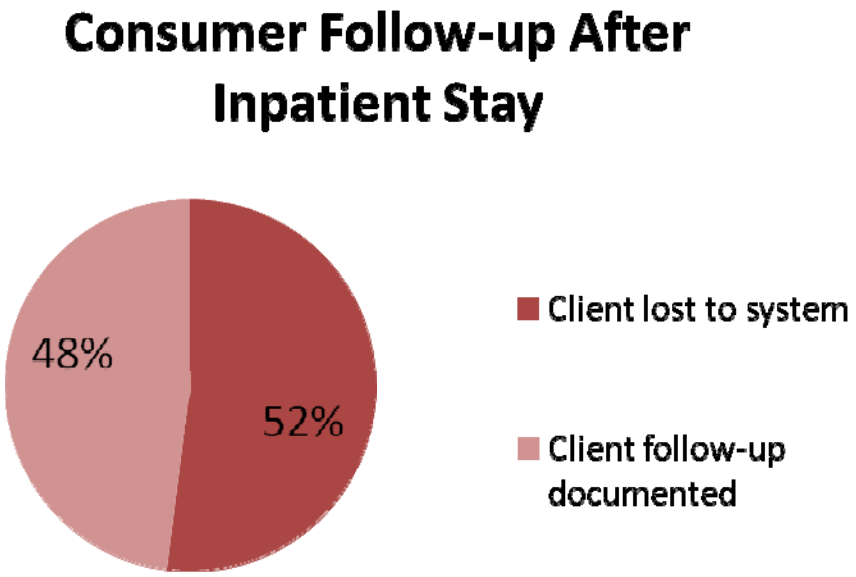


Chart 2

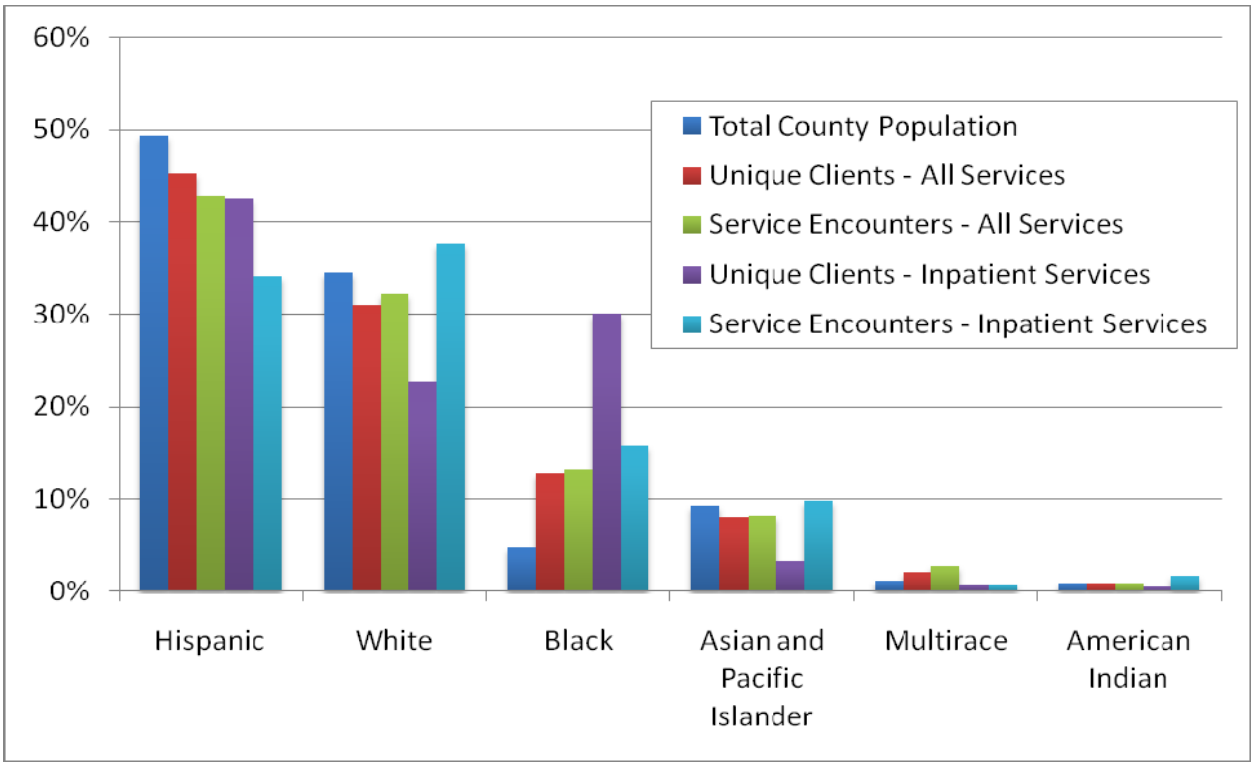


RDA Performance Review (Technical Report 2010) determined that there was a need for a more effective and wellness and recovery focused transition/discharge from crisis services and hospitalizations to appropriate lower levels of care as many consumers were "lost" in the system and more prone to recidivating.



Data shows an increased number of consumers who are discharged from inpatient facilities within 24 hours of initial admission into the facility. 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 and follow up care. The inpatient facilities are not where they will receive the necessary services and innovative interventions are needed to help manage their crisis. They need lower levels of care but don't know where else to go. Fresno County's Innovation IDT will link these individuals to the proper services and lower the recidivism rate at inpatient hospitals, local crisis units, and emergency rooms. The IDT will create a support system and a plan of care for the consumer to enable them to identify the signs of their mental illness and to know the proper treatment to seek.

The IDT will extend to the rural areas of Fresno County and work with the hospitals rural communities such as Coalinga, Selma and Reedley. Serving rural communities was also identified as a key priority in the stakeholder process. In addition, other inpatient facilities (such as Crestwood) shall also be served through this proposed program. Research shows that upon discharge some consumers cannot be contacted, only to be seen at a later admission into the facility. It is hoped that the IDT with successful engagement, follow-up and wellness related discharge will alleviate some of these concerns. The identified population is not currently receiving the appropriate quality of services. As indicated by the chart below (RDA Technical Report, December 2010), appropriate and culturally competent services are needed to address the rate of crisis services received by the various populations in the community. With the IDT in place, the proper linkage to services will be made therefore resulting in a higher quality and cost effective service delivery system.



During the stakeholder process, stakeholders identified a need for better communication and collaboration between DBH 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. The IDT will be one of the links between the Department and those community agencies and stakeholders. To support the communication and collaboration of this IDT, County/contracted staff shall work closely with inpatient hospital staff to ensure optimal services are provided to clients. It is proposed that IDT staff and Inpatient Hospital staff shall work closely together in a team setting. Due to the efforts of the IDT, the Department will be fully aware of what outside programs and support systems will be available to consumers for effective discharge and recovery. The IDT reporting to the community of measurable outcomes on a regular basis will provide agencies, stakeholders, and consumers with quantitative data to determine the effectiveness of the IDT. The stakeholder process identified a need for better collaboration between DBH and other organizations. The integration between Hospital staff and IDT will aid in bridging that gap.

Fresno County's IDT 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. This plan is proposing to expand non-traditional hours of services to better meet the needs of the clients. The team will be mobile and have vehicles to assist consumers as needed. This form of integrated planned discharge will help address a key deficiency note by EQRO in their 2009 report - please see chart below.

EQRO findings on Service Delivery (2009)

Component		Rating			
		Present	Partially Present	Not Present	Not Rated
1	**Recovery principles drive service delivery**			X	
2	Services provided in a welcoming environment		X		
3	Consumer-run and/or consumer-driven programs	X			
4	Clinical staff supports recovery orientation		X		
5	System supports planned discharge			X	
6	**Cultural competence principles and practices drive service delivery**		X		
7	Accessible community based services		X		
8	Disparities evaluated and addressed			X	
9	**Integrated service delivery strategies to key populations**			X	
10	Primary health care			X	
11	Co-occurring disorders		X		
12	Law enforcement and criminal justice		X		
13	Schools and other education systems	X			
14	Other:				X
15	**Timely access to services throughout the system**			X	
16	**Evidence based practices present and monitored**		X		

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 Integrated Discharge Team (IDT) is an innovative approach in addressing effective discharge planning for clients admitted to short term stays at inpatient psychiatric facilities. Current trends show a large number of clients entering inpatient hospitals for short term stays (approximately within 24 hours) and are later discharged. This quick discharge indicates that clients may have received incorrect admission assessments into hospitals and that lesser levels of care may be needed. This also indicates that clients may need to be offered other forms of treatment/linkage and/or natural supports to avoid repeated admissions into inpatient hospitals.

The IDT shall create and test a new approach to discharge planning that can engage consumers who are admitted into inpatient psychiatric facilities prior to discharge. The team shall assist consumers with the development of a consumer focused wellness focused discharge plan which sets goals on recovery and links clients to appropriate levels of care. Discharge planning is to include methods that help the consumer identify and understand the triggers that lead to a need to seek services and to know of other alternatives of seeking help that doesn't include the EDs and inpatient psychiatric facilities.

The IDT will be a multi-disciplined team that is responsible for engagement, assessment, outreach, linkage, peer and family support, follow up and case management. The following is being considered for the formulation of the IDT team, additional staffing needs will be considered with ability to make changes to ensure success of the program. Draft staffing will include three peer support specialists, three discharge specialists/family support, three discharge specialists (Community Mental Health Specialists), 3 clinicians, psychiatrist/nursing staff dedicated time, staffing for driving/transportation needs, and one office support person. Additional staffing (FTE or funding time of FTE) will include Admiting Interviewer, Provider Relations Specialist, and Utilization Review Specialist. An important asset to the team will be inpatient hospital staff, input received identified the consideration of funding inpatient facility staff time as they will work closely with IDT to help promote efficiency and to aid in ensuring the target population is identified and served appropriatley. Additional teams will be added or modified as needs dictate in the community. Transportation will be available as needed, to assist clients in their discharge plan. Some key features of the IDT include but are not limited to:

- Provide peer support to consumer/family and encourage consumer's family participation in the recovery process.

- Develop a Wellness and Recovery Action Plan (WRAP) to meet clients unique mental health needs and set managable goals for recovery.
- Provide consumers with links to mental health services. Be available to consumers to accompany them to the initial mental health service visit.
- Follow-up with each consumer on a regular basis no less that twice weekly to ensure consumer is still actively participating in follow –up services for up to a period of 4-6 weeks.
- The IDT shall be culturally sensitive and offer natural supports to the client and families at time of discharge. For example, as determined by IDT or requested by the consumer, consideration for the consumer's faith and religious beliefs, the consumer's sensitivity to the gender of those providing supports, and to deliver supports that are culturally acceptable to the consumer (shaman, healer, etc.) will be incorporated into the discharge plan. IDT will also be sensitive to consumers who do not want to seek clinically based services.
- Services provided will be available during regular business hours, and if circumstances warrant after hour and overnight services can be made available. Clients will be engaged at the discharge planning stages and will be linked to appropriate mental health services follow up care, community support systems, as well as other networks of care in a manner that promotes wellness and recovery.
- Family support services through Peer Support Specialists (or Family Advocacy Specialists) and Discharge 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 are discharged from inpatient facilities within 24 hours of their initial admission into the facility. IDT meets the qualification of Innovation, as the model is adopted and then changed in order to best serve consumers in Fresno County. Liaison type services have been proven successful in many capacities. The IDT will link the target population to the appropriate services needed. This IDT is a promising approach to a persistant problem Fresno County is facing regarding the target population.

The Peer/Family Support Specialists/Discharge Specialists (CMHS) will meet with the consumers who are to be discharged before 24 hours at inpatient facilities, as needed to help determine the appropriate community supports. The driver will be available to transport the consumers to the appropriate community supports as needed. The team will provide face to face peer support and linkage services, as the hospital is not where they will receive the appropriate services. Prior to discharge the IDT will help clients develop a Wellness and Recovery Action Plan (WRAP) to meet their unique mental health needs . The WRAP will not include the emergency room or the inpatient hospital as an initial contact or alternative, but, will direct the clients to the approriate level of services such as Urgent Care Wellness Center or Metro mental health services or other community services. The team will help consumers 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 occurences and service gaps in a

population that accounts for the higher recidivism rates and to better educate ourselves about this consumer population and their unique needs. The Peer Support Specialists and Discharge Specialists will collaborate with other MHSA providers such as the Cultural Based Access Navigation Specialists in the County's MHSA PEI plan. Information will be provided regarding culture, faith, sexual orientation, and other groups where the consumers may be linked to an environment of non-traditional mental health treatment as applicable.

The issue of the high recidivism rate of consumers who are admitted to and discharged from inpatient facilities is directly addressed. The individuals in this population are not known on a deeper and personal level, due to the short time they spend at the inpatient facilities. They are not treated effectively because inpatient facilities are not the service provider of prevention or intervention services for the consumers. The expected outcome of the IDT is to lower the recidivism rate at inpatient facilities, 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 due to lack of knowledge by the Department and its related community partners. This will result in a positive change in that there will be a higher success rate of consumers receiving appropriate care, more successful linkage to natural community supports; lower inpatient and ED costs, lower law enforcement costs, less strain on inpatient facilities, as well as greater collaboration among the community's network of care providers.

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- The Fresno County IDT 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 with inpatient psychaitric facilities and ED's. Inpatient Hospital staff and IDT team staff shall work together in a team setting to optimitize the services needed for clients. A data base will be complied in order for the team to appropriately refer 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 and will develop their own WRAP.

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 three years. The IDT 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- The Fresno County IDT will strive to do 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 IDT 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 Integrated Discharge Team (IDT) is an adapted approach to the identified problem. It differes from other models in that it incorporates a diverse team of individuals in order to serve a diverse group of consumers. Discharge planning models have documented the importance of family involvement, going to the patient (Assertive Community Treatment model), and focusing on practical steps to recovery (Illness Management and Recovery Model). Fresno County's proposed model includes these important elements, and combines them with new elements, in a new approach that includes the following innovative elements: diverse multi-disciplinary teams, working in a team setting with inpatient hospital staff, a focus on culturally appropriate peer support services, links to cultural navigators, support within 24 hours of admission, links to a rich array of culturally diverse recovery and wellness resources, support to develop WRAP plans, transportation, and frequent follow-up services. Discharge planning that combines these elements is new to the field of mental health. Similar models are not sufficient for the diverse communities in Fresno County. Similar models do not go to the clients as the IDT program will, traditionally the clients seek out services. Due to the identifed populations and the need in Fresno County it was determined that traditional models of this type of service would not be the best approach. Peer support is also a new component of this adapted model. Fresno County hopes to learn from this approach that seeking out consumers and having diverse staff and peer support will increase the quality of services for this population. The IDT is different than current models in that clients exiting within 24 hours of discharge from inpatient hospitals will be seen in a quick fashion. In addition, home visits and family support services shall also be provided. The target consumer population is underserved and the clients not being served effectively are high in number in Fresno County. An Integrated Discharge Team (IDT) will help Fresno County learn how it should expend resources to reduce the cause of the increase. Data will be collected to monitor the change in the recidivism rate and ensure that the IDT is making a positive impact. The IDT is a plan that is adapted from other Mental Health practices; however, the target population and the type of service delivery to provided by the IDT has never been done before in Fresno County by offerring a wide range of support services and appropriate linkages to the targeted population.

One learning goal Fresno County proposes is to identify the target consumer population and see a positive change so that a lower recidivism rate occurs. Included in that positive change is proper linkage to appropriate services for the individuals. The IDT 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 IDT 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. The collaboration of Inpatient Hospital staff and IDT staff is a key element in this program.

Stakeholders and the RDA consultants identified one of the major issues in Fresno County mental health to be a lack of follow-up for individuals who were in crisis/recently exited crisis services. If individuals in this population continue to go quickly through the inpatient facilities on an ongoing basis then they will never learn about alternative services that can appropriatley serve them. With the implementation of the IDT, Fresno County will learn the potentially positive changes that can come from effective and integrated engagement and follow-up with clients in crisis related situations.

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 Integrated Discharge Team (IDT) 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 timetable 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 periodic basis key outcomes, success/lessons learned, learning achieved as well as opportunities for further learning.

On a quarterly and monthly basis the Department will be able to track the recidivism rate of clients served for repeat inpatient admissions, 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, linkage, and follow-up of the IDT.

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 the Innovation Program – August-September 2011
- Collaboration with Inpatient Hospitals/staff and community partners – August-September 2011
- Implementation of the IDT (including RFP, contracting, MOU's etc as needed) - August 2011 through project completion
- Monthly and Quarterly reporting to Mental Health Board and other stakeholders – August 2011-July 2014
- Adjusting the IDT model as needed to meet the needs of the consumers/family – Ongoing – August 2011 through July 2014

- Engaging clients to capture qualitative as 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 Integrated Discharge Team project 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 Project (reduction in recidivism to inpatient hospitals, reduction in recidivism to crisis services, successful linkage to community supports, client and family wellness and recovery self reporting, 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.

- 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.

The identified population has not been served with the appropriate level of care; therefore, has had a high rate of recidivism. Fresno County will determine the effectiveness of IDT by measuring outcomes. The way in which outcomes will be measured to determine recidivism and linkage to services will require Fresno County to use assessment tools on a regular basis that evaluate the consumer's mental state upon entering the program and DBH and service provider logs. Once in place it will be

necessary to monitor the same individuals over time to determine if recidivism is truly lower. Other factors must be identified such as: changes in support systems, changes in housing situations, etc. In order to accurately measure the outcomes of IDT regarding recidivism it is important to keep in contact with the targeted population so as external factors arise, they can be noted, thereby providing more effective data results.

Data will be received through internal Department databases tracking client progress/linkage, as well as through Inpatient Hospital data, client and family satisfaction surveys, focus groups, as well as through billing and other data systems.

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:

- Inpatient Hospitals – 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
- Referral to existing MHSA PEI programs