



Innovative Project #3: Behavioral Health Crisis Services Collaborative

MHSA Steering Committee
August 20, 2020

Innovative Project Requirements

- ▶ Innovative Projects *must contribute to learning*
- ▶ Primary Purpose (one or more of the following):
 - ✓ Increase access to mental health services
 - ✓ Increase access to mental health services to underserved populations
 - ✓ Increase the quality of mental health services, including measurable outcomes
 - ✓ Promote interagency and community collaboration

Innovative Project Requirements (cont'd)

- ▶ Project must align with the MHSA General Standards:
 - ✓ Community Collaboration
 - ✓ Cultural Competence
 - ✓ Client and Family Driven
 - ✓ Wellness, Recovery and Resilience Focus
 - ✓ Integrated Service Experience

- ▶ Time-limited

- ▶ If successful, County may continue the project but must transition it to another MHSA component/funding or another fund source

Innovative Project #3

- ▶ **Project Name:** Behavioral Health Crisis Services Collaborative
- ▶ **Project Description:** Adult Crisis Stabilization Unit (CSU) located in Northeast Sacramento benefitting Sacramento and Placer counties
- ▶ **Project Purpose:**
 - ✓ Increase access to appropriate mental health services
 - ✓ Increase quality of mental health services
 - ✓ Promote interagency and community collaboration

Innovative Project #3 (cont'd)

► What we will learn/test:

- ✓ Public / private collaboration
- ✓ Two-county model
- ✓ Location within hospital emergency department campus
- ✓ Clients served irrespective of insurance status
- ✓ Potential co-location of other crisis services

► Is this an effective strategy to:

- ✓ Reduce the use of local emergency departments for urgent mental health services
- ✓ Reduce unnecessary or inappropriate psychiatric hospitalizations
- ✓ Improve client experience and optimize client's continued wellness
- ✓ Improve and enhance community continuity of care

Behavioral Health Crisis Services Collaborative



In Partnership With



This program is funded by the Division of Behavioral Health Services through the voter approved Proposition 63, Mental Health Services Act (MHSA).

Key Aspects of this New Service as an Innovation Project

- ▶ Unique public/private collaboration and investment by partners
- ▶ Represents a new model of integrated emergency medical and mental health care on one campus with potential to be replicated
 - ✓ Located outside of Mercy San Juan Medical Center's emergency department (ED) in northeast Sacramento
 - ✓ In an ED that experiences a good volume of mental health crises
- ▶ Elevates the practice of existing crisis stabilization services by incorporating a Resource Center under the same roof
 - ✓ Houses Peer Navigators to connect individuals directly to aftercare and social support services

Year One: Facility Construction

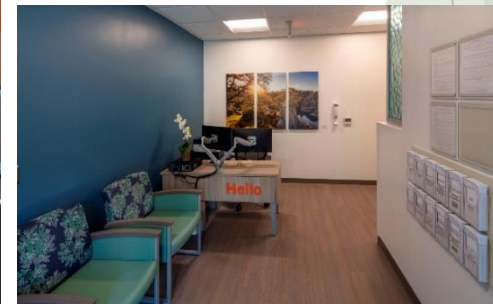
- ▶ Project approved by State Mental Health Oversight & Accountability Commission on May 24, 2018
- ▶ 13 month construction phase longer than anticipated
 - ✓ Delays with contractor, water district, CDPH licensure and OSHPD approval
- ▶ Licensed under the hospital by California Department of Public Health as an Outpatient Mental Health Clinic
- ▶ Certified and LPS designated by Sacramento County
- ▶ Custom 3,300 sq. ft. modular facility - \$1.6M investment by Dignity Health



Sacramento County DHS, BHS, MHSA

Facility Design

- ▶ Able to serve 12 individuals at any given time
 - ✓ Common treatment area vs individual rooms
 - ✓ Intake and private consult rooms, seclusion room, quiet room, nurses station, shower, laundry area, 4 restrooms, Cable TV
- ▶ Use of natural elements, soft colors, light and art to create a calming, peaceful environment

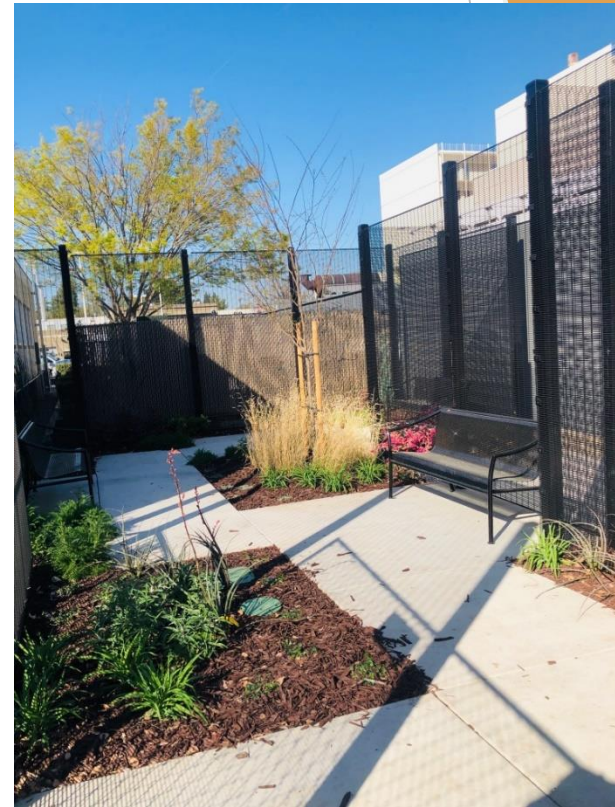


Facility Design

- ▶ Separate Resource Center includes conference area for patients, families and caregivers
- ▶ Received grant funding to add an outdoor courtyard



Sacramento County DHS, BHS, MHSA



MHSA Steering Committee - 8/20/2020

Care Team

- ▶ Psychiatrists
- ▶ Program Manager
- ▶ Behavioral Health RNs
- ▶ Social Workers
- ▶ Mental Health Technicians
- ▶ Peer Navigators
- ▶ Program Assistants



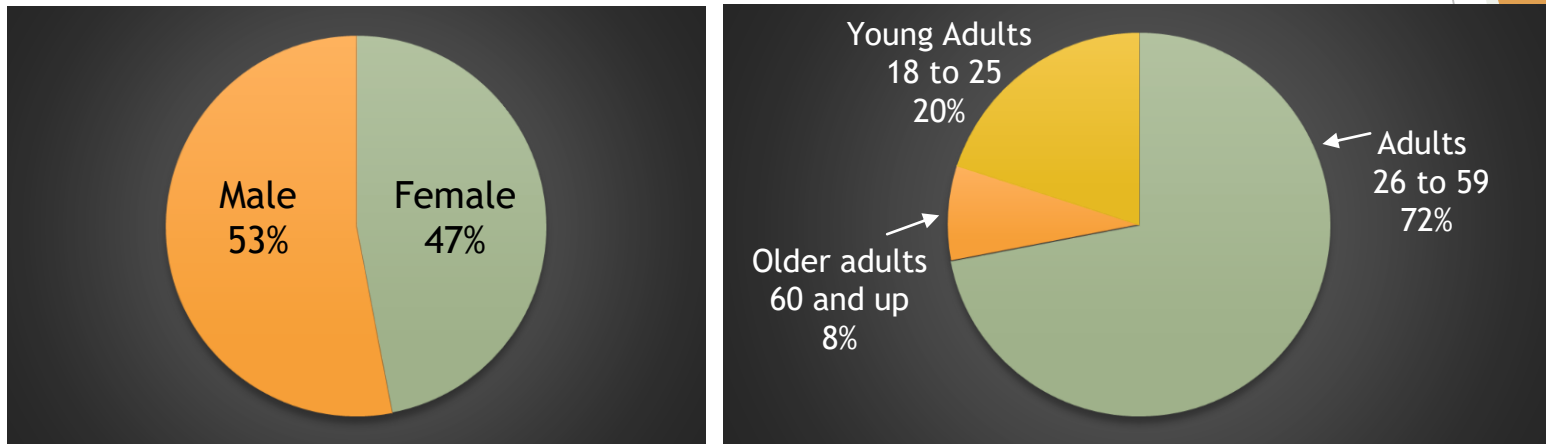
Program Services

- ▶ Serves adults 18 years and older - regardless of insurance; voluntary or involuntary
- ▶ Open 24 hours a day, seven days a week
- ▶ Trauma-informed specialty mental health care:
 - ✓ *Psychiatric assessment*
 - ✓ *Crisis Stabilization*
 - ✓ *Medication evaluation and management*
 - ✓ *Individualized recovery oriented interventions*
 - ✓ *Evaluation for voluntary or involuntary detention*
 - ✓ *Admissions evaluation for inpatient psychiatric hospitalization if necessary*
 - ✓ *Substance abuse screening*
- ▶ Resource Center
 - ✓ *Peer support services and linkage to aftercare through Resource Center*
 - ✓ *Transportation*

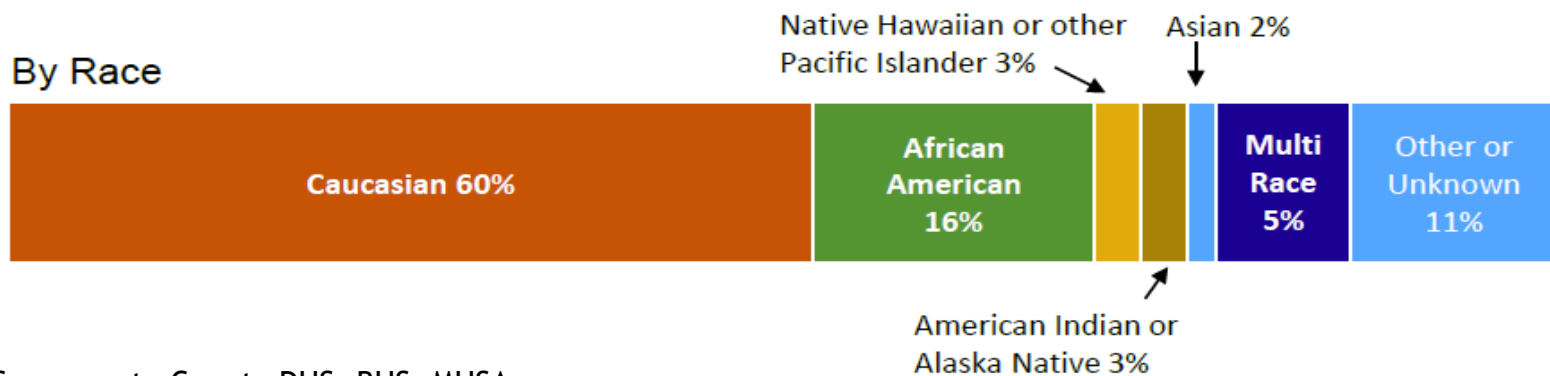
Individuals Served - Demographics

- ▶ 1,094 individuals seen and treated in first 11 months (Sept.10, 2019 - July 31, 2020)
- ▶ Majority Sacramento County residents (80%); primarily low income (67% Medi-Cal); 23% experiencing homelessness

By Gender and Age



By Race



Admissions Process

- ▶ Individual presents to Emergency Department with psychiatric condition:
 1. Seen by Provider, initial evaluation completed (Rapid Medical Exam)
 2. Medically necessary testing ordered based on patient needs
 3. Provider evaluates results and medically clears patient
 4. Emergency Medical Physician consults with BHCSC Psychiatrist and Behavioral Health Intake Nurse for acceptance to the unit
 5. Legal status is addressed and determined by Physicians (involuntary versus voluntary)
 6. Emergency Department nursing completes required nursing assessments, forms and tasks (skin checks, contraband check, COVID testing, etc.)
 7. Patient transferred to BHCSC via wheelchair with nurse

Medical Reasons for Exclusion

- ✓ Under the age of 18
- ✓ Medications:
 - IV
 - Insulin Pump (with suicidal ideation)
- ✓ Dialysis
- ✓ Oxygen/BIPAP/CPAP requirements
- ✓ Organic Brain syndromes
- ✓ Moderate to severe intellectual disabilities
- ✓ Active cancer patients (chemo)
- ✓ New Colostomy, ileostomy
- ✓ Diabetes (unmanaged)
- ✓ Infectious diseases
- ✓ Scabies
- ✓ Bedbugs
- ✓ Active delirium tremens (DT's)
- ✓ Seizures of unknown origin
- ✓ Wounds requiring extensive care
- ✓ Patients unable to independently transfer
- ✓ Patients unable to complete their own activities of daily living

Program Successes/Benefits

- ▶ Strong and collaborative partnership with County Behavioral Health team
- ▶ Focus on least restrictive interventions and protection of patient rights
 - ✓ Significant reduction in involuntary holds - status changed to voluntary for 70% of all individuals served
 - ✓ Restraints used only once in 11 months of operation
- ▶ Reduction in unnecessary inpatient psychiatric hospitalizations
 - ✓ Able to stabilize, treat and safely discharge home or to community 76% of individuals served
- ▶ Decreased length of time spent waiting in emergency department
 - ✓ From baseline of 33 hours to average of 8 hours (median of 4 hours)
- ▶ Fewer return visits to the emergency department following crisis stabilization treatment - 32% reduction
- ▶ Co-location of services with an emergency department ensures immediate medical interventions when needed and more seamless coordination with care teams

What the People We Care for Say

► All individuals served offered a satisfaction survey - overall rating of 86%

1. When I arrived I felt welcome.	84%
2. My visit gave me hope that I could overcome my struggle.	83%
3. During my visit, I was told about programs and places where I could go that seemed useful to me.	85%
4. During my visit, I was given the opportunity to make choices about my care.	84%
5. Staff were sensitive to my cultural needs and background.	85%
6. Staff heard and understood what I said.	87%
7. I was treated with respect.	89%
8. I felt safe and supported during my visit.	88%
9. The amount of time I waited to be seen was acceptable to me.	86%
10. The Psychiatrist answered my questions and addressed my concerns.	86%
11. I understood my medication instructions upon leaving.	85%
12. I understood the information I received about my follow up care upon leaving.	86%
13. Overall the quality of care I received was.	88%
Overall Satisfaction Score	86%

“I was treated with extreme love, dignity, integrity, and I will cherish this experience as a learning lesson.”

“I love the quiet safe feeling.”

“Medical staff made me feel comfortable and took the time to listen to my needs.”

“What a fantastic program. The staff was beyond helpful and supportive, and I felt safe while in their care.”

Challenges and Opportunities

- ▶ The hospital has had to learn the County system and requirements and the County has had to learn the hospital system and requirements - continuous communication!
- ▶ Have had to find ways to work around two major IT systems while interoperability is still not possible - no single electronic health record
- ▶ Ongoing work to change the culture of a fast-paced emergency department to further integrate mental health and peer support expertise
- ▶ Have not yet reached capacity in the unit
- ▶ Recently expanded access to other Dignity Health hospitals
 - ✓ Methodist (south Sacramento); Mercy Folsom (east Sacramento) and Mercy General (downtown)

Challenges and Opportunities (cont.)

- ▶ Inpatient psychiatric hospital beds often not available for those individuals truly needing higher level of care
 - ✓ Creating longer lengths of stay beyond 23 hours
- ▶ Refinements needed in initial staffing structure
 - ✓ Need for a night shift manager and additional social workers for more timely and in-depth discharge planning
- ▶ Last but not least...the outbreak of a public health emergency - COVID-19 - not long after program start-up

Maintaining a strong partnership with the County, continuous program evaluation, and adaptability to make adjustments and improvements along this journey is key

Resource Center

- ▶ Staffed by Peer Navigators
- ▶ Provides aftercare planning, information, and referrals, as well as linkages to health, mental health, and community-based services
- ▶ 918 individuals served over past 11 months
- ▶ Navigators engage clients while in the BHCSC to assess crisis level and needs for follow-up care/support
 - ✓ Work collaboratively with clinical team and outside entities for supportive referrals for client
 - ✓ Arrange services on a case by case basis depending on individualized needs
 - ✓ Discuss referrals made with clients, and provide necessary follow up information for aftercare

Resource Center Services

- ✓ Access Sacramento County's Avatar System to determine if the individual being assessed for services is linked to the County Mental Health Plan
- ✓ If linked, work collaboratively with the individual's existing mental health provider to develop/provide input into a service plan for the individual
- ✓ If not linked, work collaboratively with Sacramento County's Access Team or to link to a new provider
- ✓ Review discharge safety plans with clinical team to coordinate appropriate linkages to aftercare and social support services
- ✓ Work collaboratively with outside service providers (i.e., shelter, food, medical and mental health, etc.) to assist in developing a service plan that best meets the needs of the individual
- ✓ Evaluate clients for appropriateness of referral to homeless programs and shelters and refer as needed
- ✓ Identify Primary Care Provider resources and support for follow-up care

Resource Center Services (cont.)

- ✓ Coordinate with surrounding county access teams to link individuals to services within their county
- ✓ Provide navigation and support services for Local Health Plan enrollees in collaboration with any onsite staff representing the Geographic Managed Care Plans (GMC's)
- ✓ Research, refer, and when appropriate, advocate for needed community resources for individuals
- ✓ Assess financial needs and refer to the SMART program for SSI/SSDI or GA
- ✓ Provide psychoeducational interventions and review informational material with clients
- ✓ Provide communication and support to clients up to seventy-two hours after the leaving the Resource Center
- ✓ Arrange discharge transportation services for clients, including taxi, or bus passes to clinics, client residence or other appropriate location, excluding inpatient psychiatric hospitals

Positive Benefits of the Resource Center

An individual admitted to the BHCSC with suicidal ideation. The individual was also experiencing homelessness and had no phone. It was discovered that the individual was connected to the Sacramento County Mental Health Plan (TCORE), but TCORE had not been able to locate or contact the client. The Resource Center Peer Navigator coordinated with the individual's Personal Service Coordinator (PSC), who came to the site to meet with the individual. The PSC was able to identify a Room & Board for the client, and transported the individual to the new housing location.

An individual admitted to the BHCSC in crisis as a result of being homeless and withdrawing from methamphetamine. The individual was hearing voices and hallucinating and was diagnosed with schizophrenia. The individual had been living in a tent by the river and had no support system, and no health insurance. Initially, the individual was unable to qualify for services. The Peer Navigator was able to do a crisis safety plan with the individual, provide Substance Use Disorders Prevention and Treatment (SUDPT) resources, and get the individual accepted into Crisis Residential Treatment.

In Conclusion

- ▶ BHCSC is a program based on a foundation of shared accountability, resources and expertise through true collaboration
 - ▶ We are making it work!
- ▶ Embraces whole person care and places mental illness on a level playing field with physical illness, treating individuals equally and with respect
- ▶ Excited to be on a journey that demonstrates a best practice, integrated model for improved quality of care
- ▶ *Together, we are changing the status quo*



Questions?

Thank you!