ATTACHMENT C

# MENTAL HEALTH SERVICES ACT

# Innovation Project 2 Plan: Mental Health Crisis/ Urgent Care Clinic

**March 22, 2016**

**EXHIBIT B**

**INNOVATION WORK PLAN**
**Description of Community Program Planning and Local Review Processes**

County Name: Sacramento
Work Plan Name: Mental Health Crisis/Urgent Care Clinic

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

1. **Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)**

The Sacramento County Division of Behavioral Health Services (DBHS) Community Planning Process for the second Innovation Project began at the February 26, 2015 Mental Health Services Act (MHSA) Steering Committee meeting. At this meeting, gaps and needs for crisis services were reviewed and the Innovation component was explained. The concept of an Innovation Project focused on adapting an urgent care/medical clinic model for individuals experiencing a mental health crisis was introduced to the MHSA Steering Committee. The Steering Committee wanted to thoughtfully consider this innovation concept and therefore continued discussion and decision to their March 2015 meeting. On March 19, 2015 the MHSA Steering Committee voted in full support of DBHS moving this proposed second Innovation Project forward.

Consistent with DBHS practice, the Division designed and conducted a community planning process to inform the development this proposed Innovation Project #2. This process included community input sessions and the formation of an Innovation Project #2 Workgroup.

In total, DBHS facilitated four (4) community input sessions with 125 participants in August 2015 to provide focused input into the design of the project and inform the Workgroup in carrying out their charge (see Attachment D):

1. August 10, 2015: Consumer and Family Member Input Session (44 participants)
2. August 11, 2015: DBHS Pharmacy and Therapeutics Committee (33 participants)
3. August 27, 2015: DBHS Cultural Competency Committee (17 participants)
4. August 31, 2015: Provider Input Session (31 participants)

The Innovation Project #2 Workgroup was comprised of fourteen members representing diverse stakeholder perspectives. The first Workgroup meeting was held on September 10, 2015. At this meeting, Workgroup members reviewed the Innovation component guidelines, current array of crisis services in the system of care, data supporting more crisis service alternatives, other urgent care clinic models, feedback from the

participants of the input sessions. The Workgroup members then began discussing the important service elements of the proposed clinic. The Workgroup met on September 16, 2015 for their second meeting. Following a robust discussion about triage services, peer support, accessing pharmacy and medical support, hours of operation, and the importance of building partnerships and collaborating with system partners, the Workgroup developed a recommendation to present to the MHA Steering Committee.

On October 15, 2015, the MHSA Steering Committee reviewed and discussed the Draft Innovation Project #2 recommendation and provided input to further shape the recommendation (see Attachment E). The Steering Committee unanimously supported moving forward with finalizing the Plan for submission to the Sacramento County Board of Supervisors and the Mental Health Services Oversight and Accountability Commission.

**2. Identify the stakeholder entities involved in the Community Program Planning Process.**

A fourteen member Innovation Project #2 Workgroup representing a wide array of stakeholders was established to develop a recommendation that adapts an urgent care clinic model for individuals experiencing a mental health crisis. Two members were consumer advocates, two members were family advocates (representing adults and children), four members were DBHS representatives, two members represented cultural competence/ethnic services, two member represented psychiatric services, one member represented law enforcement and one member represented the Mental Health Board (see Attachment F).

As mentioned above, four community input sessions convened to solicit input on the development of a mental health crisis/urgent care clinic. Stakeholders representing the The following participated in these input sessions: Consumers, family members; Cultural Competency Committee that included representation from the Latino, Hmong, Vietnamese, Chinese, Mien, LGBTQ, Native American, African American communities; medical and mental health service providers; system partners.

**3. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.**

The Draft Innovation Project #2 Plan will be posted as an attachment to the MHSA Fiscal Year 2015-16 Annual Update from January 4 through February 3, 2016. The Public Hearing will be conducted by the Mental Health Board on February 3, 2016 beginning at 6:00 p.m. The Public Hearing will be held at the Grantland L Johnson Center for Health and Human Services located at 7001-A East Parkway, Sacramento, California 95823 in Conference Room 1.

## Innovation Work Plan Narrative

**Date:** January 4, 2016

**County:** Sacramento

**Work Plan #:** 2

**Work Plan Name:** Mental Health Crisis/Urgent Care Clinic

**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 primary purpose of this project is to increase the quality of services, including better outcomes for individuals experiencing a mental health crisis and the secondary purpose is to increase access to services. Throughout the MHSA Community Planning Processes to date, crisis services and help in a crisis has been a recurring community concern. During the economic downturn and recession, Sacramento County experienced an erosion of available community-based mental health services at all levels, including reductions to crisis response service capacity. Due to these significant budget cuts in 2009, Sacramento County's crisis response service capacity was reduced. The Crisis Stabilization Unit (CSU) closed for direct community admissions and the Mental Health Treatment Center capacity was reduced from 100 to 50 psychiatric health facility beds. Individuals in crisis and in need of mental health treatment began seeking initial crisis assistance at local emergency departments. Emergency Departments (ED) report being unable to manage the influx of individuals with a variety of mental health needs. Additionally, law enforcement officers spend large amounts of time waiting in emergency departments with individuals who present as a danger to self or others, taking officers away from other vital community responsibilities. Many community members are unable to access crisis services or immediate assistance and are inappropriately and unnecessarily hospitalized or incarcerated, utilizing more expensive hospital-based care or criminal justice system resources. This proposed program will triage and assess mental health need and level of service need for individuals experiencing a mental health crisis. By providing this service: (1) the inclusion of this program in the system of care service array will increase quality of services and result in better outcomes for individuals; (2) individuals experiencing a mental health crisis will access crisis services and linkages to mental health services, thereby increasing access to services.

Over the past two decades, urgent care clinics have emerged as an alternative care setting that improves access to quality healthcare and addresses intermediate physical health needs. Urgent care clinics also provide an alternative to emergency department

visits. There is a gap within Sacramento County's current mental health system of care for services that provide intermediate care for individuals experiencing a mental health crisis. Through the community planning process, Sacramento County's consumers, family members, community stakeholders and system partners recommend adapting an urgent care clinic/medical model as an intermediate step between routine outpatient mental health care and mental health crisis interventions.

This proposed Innovation Project will test the adaptation of an effective urgent care clinic/medical model, which is an intermediate step between routine and emergency care, to provide crisis response/care for individuals experiencing a mental health crisis. In addition, this project will integrate wellness and recovery principles into service delivery. Sacramento County, Division of Behavioral Health Services (DBHS) seeks to learn whether this adaptation will result in improving quality of service as well as increased access to services. In turn, this adaptation will achieve better client outcomes including the following: creating an effective alternative for individuals needing crisis care, improving the client experience in achieving and maintaining wellness, reducing unnecessary or inappropriate psychiatric hospitalizations and incarcerations, reducing emergency department visits, improving care coordination across the system of care to include linkages to other needed resources and timely access to mental health services.

## 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 learning component of this project will test adapting an urgent care clinic/medical model, which is an intermediate step between routine and emergency care, to provide mental health services for individuals of any age experiencing an urgent mental health need.

Project outcomes include:
- creating alternatives for individuals needing urgent mental health care
- improving the client experience in achieving and maintaining wellness
- reducing unnecessary or inappropriate psychiatric hospitalizations and incarcerations
- reducing emergency department visits for urgent mental health needs
- improving care coordination across the system of care

Clinic will be warm and inviting, with an open un-locked environment. Clinic should be sited with access to public transportation and pharmacy, as well as easy access to medical care. Clinic will provide services in a timely manner. Services will be culturally and linguistically competent, with sensitivity to diverse cultures. Services will be individualized based on culture, age, and development.

Clinic will focus on targeting an urgent mental health need rather than providing ongoing services, and will complement rather than augment services of existing mental health outpatient providers. As a mental health urgent care clinic, services are distinctly different from respite or crisis residential services. Clinic will provide alcohol and drug screening but will not provide detox.

Service array will include:
- Triage (to include Peer and Family support)
- Phone triage available
- Comprehensive Behavioral Health Assessment (to include bio/psycho/social and tailored to be appropriate for this clinic model)
- Medical Screening
- Crisis Intervention
- Medication Support
- Peer and Family Support
- Care Coordination/Linkage to Services
- Transportation Assistance

The Clinic will be staffed/supported by:

- Peers and Family Members
- Registered Nurse, Licensed Vocational Nurse, or Nurse Practitioner (ideal)
- Psychiatrist
- Licensed Clinicians (MFT, LCSW, LPCC)
- Alcohol and other Drug Specialist
- Support/Administrative staff (reception, billing, etc.)
- Care Coordination/Case Manager (to include discharge planning function)
- Psychiatric Residents
- Volunteers/Trainees
- Capacity to provide playcare
- Interpreter/Cultural Broker
- Staff will be cross-trained in resource referral and linkage

The clinic hours would ideally be 24/7 operations; however, at minimum, clinic will be open after-hours, weekends and holidays, seven (7) days per week.

## 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)**

Urgent care clinics have been recognized as a successful intermediate step between routine and emergency care in the physical health realm. This proposed Innovation Project will adapt the effective urgent care clinic/medical model to provide crisis response/care for individuals experiencing a mental health crisis. In addition, this project will integrate wellness and recovery principles into delivery of services. Sacramento County, Division of Behavioral Health Services (DBHS) seeks to learn *whether* this adaptation will result in improving quality of service as well as increased access to services. In turn, this project will test *how* the adaption can improve the following client and system outcomes: creating an effective alternative for individuals needing crisis care, improving the client experience in achieving and maintaining wellness, reducing unnecessary or inappropriate psychiatric hospitalizations and incarcerations, reducing emergency department visits, improving care coordination across the system of care to include linkages to other needed resources and timely access to mental health services.

## 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: 05/16 – 5/21
MM/YY – MM/YY

This Innovation Project will span five years and will be implemented in phases.

**Phase One: May 2016 – April 2017 activities**

1. The Division of Behavioral Health Services (DBHS) will develop and facilitate a competitive selection process to award a contract to an organization to implement Project/program services.
2. DBHS will negotiate and enter into a contract/agreement with selected organization (contractor) to implement Project/program services.
3. DBHS, in collaboration with University of California (UC) Davis Department of Psychiatry, and contractor, will develop an evaluation core and framework.
4. Contractor will propose clinic site, develop procedures and hire and train clinic staff.
5. DBHS will provide technical support and direction during program start-up/initial implementation to contractor related to program start-up tasks, data collection and evaluation framework.

**Phase Two: May 2017 – April 2018 activities**

1. Contractor will begin service delivery.
2. DBHS and contractor will outreach to the community, system partners, mental health service providers, local emergency departments, law enforcement, to provide information about Project/program and program access.
3. DBHS will provide ongoing technical support and direction during to contractor related to program service delivery, data collection and evaluation activities.

**Phase Three: May 2018 – November 2020**

1. Project/program services will be fully implemented, including implementation of evaluation framework.
2. Routine meetings will be convened to report out on the evaluation framework and process.

3. Sustainability options will be explored and discussed. Throughout Project implementation, significant efforts will be directed toward sustainability options should the project be successful.

**Phase Four: December 2020 – May 2021**

1. Evaluation framework and process will be in its final stages and a final report will be developed.
2. Feasibility of replication will be determined.

## 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.**

DBHS in collaboration with the University of California (UC) Davis Department of Psychiatry will evaluate the effectiveness of adapting an urgent care clinic/medical model in a mental health setting, focusing on wellness and recovery. The following client and system outcomes will be assessed and evaluated: improving the client experience in achieving and maintaining wellness, reducing unnecessary or inappropriate psychiatric hospitalizations and incarcerations, reducing emergency department visits, improving care coordination across the system of care to include linkages to other needed resources and timely access to mental health services.

Leveraging UC Davis Department of Psychiatry expertise, in collaboration with DBHS Research, Evaluation, and Performance Outcomes (REPO) Unit, the evaluation team will develop an evaluation framework to include client satisfaction surveys and pre and post client data. Pre and post data may include hospitalizations, emergency department (ED) utilization, incarceration, time spent by law enforcement, etc. There will be many levels to this Project and the stakeholders will have input along the way.

Project progress and outcomes will be communicated to the community through MHSA email blasts and presentations and updates provided at MHSA Steering Committee and Mental Health Board meetings.

## Innovation Work Plan Narrative

### Leveraging Resources (if applicable)

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

The Division of Behavioral Health Services (DBHS) will collaborate with University of California (UC) Davis Department of Psychiatry on the evaluation for this Innovation project. This is a natural partnership as we jointly strive to provide high quality services that promote holistic recovery, optimum health and resiliency.

The UC Davis Department of Psychiatry will provide in kind faculty research and necessary research support staff, to include statistical assistance, as part of the evaluation core at no cost to the Project. As indicated, the evaluation of the Project will include two distinct evaluation components: evaluation of the urgent care model adaption and assessment of client and system outcomes. These in kind services will include working with DBHS in identifying the variables which will be measured in order to determine the overall success or failure of the Project and including measuring relative client and system outcomes.

The evaluation framework will include statistical support, program design, and general consultation services. The evaluation team will obtain approval from the County of Sacramento Research Review Committee (RRC) and the UC Davis Institutional Review Board (IRB).

# EXHIBIT E

## Mental Health Services Act
## Innovation Funding Request

County: Sacramento Date: 2/11/2016

| | Innovation Work Plans | | 05/16-05/21 Required MHSA Funding | Estimated Funds by Age Group (if applicable) | | | |
|---|---|---|---|---|---|---|---|
| | No. | Name | | Children, Youth, | Transition Age Youth | Adult | Older Adult |
| 1 | 2 | Mental Health Crisis/Urgent Care Cli | $12,500,000 | | | | |
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| 26 | Subtotal: Work Plans | | $12,500,000 | $0 | $0 | $0 | $0 |
| 27 | Plus County Administration | | $0 | | | | |
| 28 | Plus Optional 10% Operating Reserve | | $0 | | | | |
| 29 | Total MHSA Funds Required for Innovation | | $12,500,000 | | | | |

**EXHIBIT F**

## Innovation Projected Revenues and Expenditures

County: Sacramento

Fiscal Year: May 2016 - May 2021

Work Plan #: 2

Work Plan Name: Mental Health Cris

New Work Plan ☑

Expansion ☐

Months of Operation: 05/16 - 05/21
MM/YY - MM/YY

| | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total |
|---|---|---|---|---|
| **A. Expenditures** | | | | |
| 1. Personnel Expenditures* | | | 12,500,000 | ######### |
| 2. Operating Expenditures | | | | $0 |
| 3. Non-recurring expenditures | | | | $0 |
| 4. Training Consultant Contracts | | | | $0 |
| 5. Work Plan Management | | | | $0 |
| **6. Total Proposed Work Plan Expenditures** | **$0** | **$0** | **$12,500,000** | ######### |
| **B. Revenues** | | | | |
| **1. Existing Revenues** | | | | $0 |
| **2. Additional Revenues** | | | | |
| a. Medi-Cal TBD | | | | $0 |
| b. (insert source of revenue) | | | | $0 |
| c. (insert source of revenue) | | | | $0 |
| **3. Total New Revenue** | **$0** | **$0** | **$0** | **$0** |
| **4. Total Revenues** | **$0** | **$0** | **$0** | **$0** |
| **C. Total Funding Requirements** | **$0** | **$0** | **$12,500,000** | ######### |

*Contract has not yet been awarded; therefore line item expenditures have not been determined

Prepared by: Jane Ann LeBlanc

Date: 2/11/2016

Telephone Number: (916) 875-0188

# Innovation Project #2: Mental Health Urgent/Crisis Care Clinic
# Community Planning Process Summary

| | |
|---|---|
| February 19 & March 19, 2015 | Introduced to MHSA Steering Committee: Innovative Project #2: Mental Health Urgent/Crisis Care Clinic<br>Learning: Adapting Urgent Care Clinic model for individuals experiencing a mental health crisis effective strategy for reducing unnecessary ED visits, unnecessary hospitalizations, improve the client experience, in our community<br>Action: MHSA Steering Committee tasked Workgroup with developing a recommendation |
| Aug. 10, 2015 | Consumer/Family Member Focus Group – 44 participants<br>Takeaways: 24/7, medication support, crisis intervention, information and referral and system navigation, coordination of care, short wait time, transportation, good alternative to hospitalization |
| Aug. 11, 2015 | Pharmacy and Therapeutics Committee Focus Group – 33 participants<br>Takeaways: Medication support, triage services, medical clearance, coordination of care, point of entry to MH services, transportation |
| Aug. 27, 2015 | Cultural Competence Committee Focus Group – 17 participants<br>Takeaways: Triage services, coordination of care, information and referral and system navigation, support and education to family members, point of entry to MH services, transportation, outreach and education to ethnic communities and CBOs |
| Aug. 31, 2015 | Provider Focus Group – 31 participants<br>Takeaways: Medication support, peer support, triage services, crisis intervention, medical clearance, coordination of care, point of entry to MH services, bridging support from time client has been referred for outpatient services to medication appointment, transportation |
| Sept. 10, 2015<br>Sept. 16, 2015 | Workgroup<br><br>Workgroup Composition: Consumers, Family Members, MHSA Steering Committee Members, MHB Member, Cultural Competency Representatives, Law Enforcement, Adult and Child Psychiatrists, DBHS Staff<br><br>Meeting Discussion included:<br>• Innovation Component Guidelines<br>• Current array of crisis services in system of care<br>• Data presentation related to service gaps and needs<br>• Other Crisis Walk-in Clinics – other models and operations<br>• Focus Groups input presented to inform discussion |
| Oct 15, 2015 | Recommendation was presented to the Steering Committee. Steering Committee refined the recommendation and supported moving it forward to include in the Annual Update. |

# INN Project #2: Mental Health Urgent Care Clinic Workgroup Recommendation as Approved by the MHSA Steering Committee (10/15/15)

The Innovation Project #2 Workgroup recommends to the MHSA Steering Committee allocating up to $2.5m in INN Component funds per year for five years for the development of one new Mental Health Urgent Care Clinic for individuals experiencing an urgent mental health need.

The learning component of this project will test adapting an urgent care clinic model, which is an intermediate step between routine and emergency care, to provide mental health services for individuals of any age experiencing an urgent mental health need.

Project outcomes include:

- creating alternatives for individuals needing urgent mental health care
- improving the client experience in achieving and maintaining wellness
- reducing unnecessary or inappropriate psychiatric hospitalizations and incarcerations
- reducing emergency department visits for urgent mental health needs
- improving care coordination across the system of care

Clinic will be warm and inviting, with an open un-locked environment. Clinic should be sited with access to public transportation and pharmacy, as well as easy access to medical care. Clinic will provide services in a timely manner. Services will be culturally and linguistically competent, with sensitivity to diverse cultures. Services will be individualized based on culture, age, and development.

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- Medical Screening
- Crisis Intervention
- Medication Support
- Peer and Family Support
- Care Coordination/Linkage to Services
- Transportation Assistance

The Clinic will be staffed by:

- Peers and Family Members
- RN, LVN, or NP (ideal)
- Psychiatrist
- Licensed Clinicians (MFT, LCSW,LPCC)
- AOD Specialist
- Support/Admin staff (reception, billing, etc)
- Care Coordination/Case Manager (to include discharge planning function)
- Psychiatric Residents
- Volunteers/Trainees
- Capacity to provide playcare
- Interpreter/Cultural Broker

Overarching values:

- Bilingual/bicultural staff
- Staff cross-trained in resource referral and linkage

Clinic hours: Ideally 24/7 operations, if funding permits. If 24/7 is not possible, at minimum after-hours, weekends and holidays (7 days per week).

# Sacramento County MHSA
# Innovation Project #2
# Mental Health Crisis Care Clinic

| Innovation Project #2 Workgroup Composition & Membership | |
|---|---|
| **Stakeholder Group** | **Member** |
| UC Davis Department of Psychiatry and Behavioral Sciences | Robert Hales, M.D. |
| UC Davis Department of Psychiatry and Behavioral Sciences | Robert Horst, M.D. |
| Division of Behavioral Health Services | Melissa Jacobs |
| Division of Behavioral Health Services | Steve Davidson |
| Division of Behavioral Health Services | Kelli Weaver |
| Division of Behavioral Health Services<br>Research, Evaluations and Performance Outcomes | Dawn Williams |
| Ethnic Services/Cultural Competency | Mary Nakamura |
| Consumer Advocate | Andrea Crook |
| Family Advocate | Sandena Bader |
| Adult Family Advocate | Blia Cha |
| Crossroads Diversified | Iris Rivera |
| Law Enforcement | Kim Mojica |
| MHSA SC: Consumer, Older Adult | Frank Topping |
| Mental Health Board | Leonard Marowitz |