

Proposed Innovation Project: Mental Health Crisis/Urgent Care Clinic

Project Overview

Urgent care clinics have been recognized as a successful intermediate step between routine and emergency care in the physical health realm. These clinics have emerged as an alternative care setting that improves access to quality healthcare and addresses intermediate physical health needs and provide an alternative to emergency department visits. Mental health urgent care clinics are effective in providing crisis response/care for individuals experiencing a mental health crisis as an intermediary step between routine outpatient mental health care and crisis intervention. Other counties have implemented mental health urgent care clinics in California. Sacramento County Division of Behavioral Health Services (DBHS) proposes this new Innovation project which will adapt the models used in other counties to meet the needs of our community. This adaptation will include integration of wellness and recovery principles in service delivery. This project is part of a larger effort to implement a comprehensive community-based crisis response continuum in Sacramento County. This approach is supported by *A Community-Based Comprehensive Psychiatric Crisis Response Service* (Technical Assistance Collaborative 2005), which describes a psychiatric crisis response system that includes core components: 24-hr Crisis Telephone Line (including Warm Line); Walk-In Crisis Service; Mobile Crisis Service; Crisis Residential/Crisis Respite Service; and a Crisis Stabilization Service. The Walk-In Crisis Service is described as single or multiple community agencies identified to address walk-in crisis and urgent situations on a 24-hour basis or through extended service hours. Sacramento County Behavioral Health Services has been working to build a comprehensive psychiatric response service system and recognized that the Walk-In Crisis Service described in the 2005 publication was the unique missing component in our County's crisis response system. This proposed Mental Health Crisis Urgent Care Clinic aligns with the defined Walk-In Crisis Service in the 2005 publication.

How is this project Innovative and what are the necessary adaptations?

Urgent Care clinics have been used in medical settings for a number of years and have more recently been adapted in behavioral health settings. To familiarize ourselves with this new model, staff visited some of these programs in California, including programs in San Bernardino and San Diego. These visits assisted in identifying necessary adaptations to the urgent care models operating in other counties.

Sacramento County's proposed Mental Health Crisis/Urgent Care Clinic is innovative with meaningful adaptation of the other county models in the following key areas:

1. **Crisis Program Designation** - Operate as an after-hours outpatient treatment program versus a Crisis Stabilization Unit thus has a more flexible staffing pattern, allowing for tailored services to better meet community needs;
2. **Direct Access** - Provide direct linkage as an access point for both mental health plan and alcohol and drug treatment services;
3. **Ages Served** - Designed to serve all ages (children, youth, adults and older adults); and
4. **Medical Clearance Screening Pilot** - Pilot a medical clearance process utilizing a screening tool developed with expertise from Sierra Valley Medical Society, UC Davis staff and broad-based local community subject matter experts. This tool, as part of screening process, will allow clinical staff to initially screen to identify medical issues on site as needed. This will expedite mental health and substance use disorder interventions, either directly at the clinic or through other levels of care, including real-time coordination with system providers.

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This proposed project creates a unique vision and shared understanding of the Sacramento County crisis response continuum and a joint approach to address the identified gap of walk-in crisis services tailored for our community. This proposed project leverages lessons learned from the prior Sacramento County Innovative project, known as the Respite Partnership Collaborative and addresses a significant gap in service. While the crisis respite services have been quite successful, county residents need an intermediate level of crisis services between the crisis respite centers and the crisis stabilization unit (CSU). The 2015 Sacramento Sierra Valley Medical Society Report documents the high number of Sacramento county residents accessing emergency departments. The proposed urgent care clinic, with the adaptations outlined above, is designed to redirect flow of clients and address the major concerns documented in the Medical Society report.

The proposed Sacramento County clinic operations will be contracted out through a competitive bidding process; therefore, the exact design of the clinic will be determined through the competitive process and subsequent contract negotiations. The clinic will be designed to serve all ages and will be open after-hours, weekends and holidays, seven days (7) per week to reduce the impact on the emergency departments and address identified weaknesses in our outpatient services system. The Clinic will complement our continuum of crisis services, acting as a direct linkage access point for both alcohol and drug treatment and mental health plan services. There will be immediate connectivity to 24/7 access through the crisis stabilization unit during the time urgent care is not open.

Expanding on the Walk-In model outlined in the 2005 publication, the clinic will fully incorporate culturally and linguistically competent wellness and recovery principles as supported by the following proposed staffing. The clinic will be staffed/supported by a range of expertise, including: Peers and Family Members from diverse backgrounds; Cultural Brokers; Nurse or Nurse Practitioner; Psychiatrist (including those who are dually boarded); Licensed Clinicians; Alcohol and Other Drug Specialist; Case Manager; Administrative Staff; Psychiatric Residents; and Volunteers/Trainees. Staff will be trained in cultural competence and the linguistic needs of consumers will be addressed utilizing bilingual service delivery staff and trained mental health interpreters. Staff will be cross-trained in resource referral and linkage. Additionally, staff will work closely with local community-based organizations providing culturally specific services.

This proposed project term will span 5 years, beginning in Fiscal Year 2016-17. The budget for the entire project term will be \$12.5 million (\$2.5 million per year for 5 years).

Background and System Considerations

During the economic downturn and recession in 2009, Sacramento County experienced an erosion of available community-based mental health services at all levels, including reductions to crisis response service capacity. With the improved economic forecast and increased revenues, we are building an improved crisis response capacity. Some examples include: implementation of Mobile Crisis Support Teams; Triage Navigators sited at critical access points; crisis and planned mental health respite; planned 16-bed Psychiatric Health Facility; and planned expansion of crisis residential programming. The ability to test this proposed clinic in this evolving crisis services continuum is key to ensuring that our services are responsive, interconnected and coordinated to meet the current needs of this community.

Sacramento County operates a significantly contracted behavioral health service delivery system, with approximately 90% of services delivered by contracted providers. In addition, there are currently four (soon to be six) Managed Care Plans (MHPs), as well as six acute psychiatric inpatient facilities with 392 inpatient beds, six hospital systems with eight emergency departments and ten law enforcement agencies in Sacramento County. While this design has many benefits, it can present challenges to introducing new

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services and interventions in a cohesive and coordinated way in this very dynamic service delivery system. As an Innovation project, this Clinic will be able to react quickly to the changing healthcare landscape in our community. The opportunity to learn, adapt and make real-time adjustments to the Clinic as an Innovation project, while ensuring that wellness and recovery principles are incorporated for this highly diverse community, will benefit our system as a whole.

Additionally, Sacramento County is one of the most diverse communities in California with five threshold languages and a population estimated at 1.45 million. Historically, Sacramento County has been one of three counties with the highest number of newly arriving refugees in California. These new residents come to Sacramento with specific needs that will be addressed through active involvement of the local network of community-based organizations providing services to refugees/immigrants.

For the reasons demonstrated above, there is tremendous value in testing this Mental Health Crisis/Urgent Care Clinic model as an Innovation project to allow for real-time adaptations to ensure responsiveness, success and effectiveness of interventions prior to applying more broadly in this County. Sacramento County has been working diligently to rebuild the crisis continuum in ways that are responsive to the current needs of this community.

Community Program Planning Process

The Community Planning Process for this proposed Innovation project began at the February 2015 Mental Health Services Act (MHSA) Steering Committee meeting. At that 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. After thoughtful consideration and discussion spanning two meetings, the Committee voted in full support of moving this proposed Innovation Project forward.

Consistent with DBHS practice, the Division designed and conducted a community planning process to inform the development this proposed Innovation project. This process included community input sessions and the formation and convening of a Workgroup. In August 2015, DBHS facilitated four (4) community input sessions with 125 participants to provide focused input into the design of the project and inform the Workgroup. These included: Consumer/Family Member Group; Pharmacy and Therapeutics Committee Group; Cultural Competence Committee Group; and Provider Group.

The Workgroup was comprised of fourteen members representing diverse stakeholder perspectives, including Mental Health Board and MHSA Steering Committee representatives. Two meetings were held in September 2015, where members reviewed the Innovation component guidelines, current array of crisis services, data supporting the need for crisis service alternatives, other urgent care clinic models and feedback from the input sessions. Members discussed important service elements and the importance of building partnerships and collaboration with system partners and ultimately developed a recommendation to present to the MHSA Steering Committee.

During the public review and comment period, there were several comments received in support of this proposed Innovation project. The full description of the community planning process is included in the MHSA Fiscal Year 2015-16 Annual Update, which was approved by the Sacramento County Board of Supervisors on March 22, 2016.

Key project development dates and activities:

- 2/19/15 & 3/19/15 – Project concept introduced to MHSA Steering Committee and Workgroup tasked to develop recommendation

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- August 2015 – Division conducts four Focus Group sessions to inform Workgroup
- September 2015 – Workgroup meetings to develop project recommendation
- 10/15/15 – Workgroup presents recommendation to MSHA Steering Committee. Committee supports inclusion of the project in MHSA Annual Update
- 1/04/16 – 2/03/16 – Draft Annual Update (including proposed INN Project) posted for 30-day public review and comment (including collective comment from the Cultural Competence Committee, Mental Health Board and MHSA Steering Committee)
- 2/03/16 – Sacramento County Mental Health Board conducts Public Hearing
- 3/22/16 – MHSA Fiscal Year 2015-16 Annual Update, including proposed INN Project, approved by Sacramento County Board of Supervisors

Significant Learning Objectives and Anticipated Outcomes

Sacramento County DBHS seeks to learn *whether* specific adaptations will result in improved quality of services, including better outcomes for individuals experiencing a mental health crisis, as well as increased access to services.

In turn, this project will test *how* these adaptations can improve the following client and system outcomes: Creating an effective alternative 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; and Improving care coordination across the system of care to include linkages to other needed resources and timely access to mental health services.

Project Evaluation

UC Davis Department of Psychiatry, in collaboration with Sacramento County DBHS Research, Evaluation and Performance Outcomes, will develop a framework to address the effectiveness of the four key innovative adaptations: 1) Crisis program designation, including hours; 2) Direct access; 3) Ages served; and 4) Medical clearance screening pilot, including system and client level outcome measures. Client level outcome measures may include client satisfaction surveys, as well as pre and post client data. Pre and post data may include hospitalizations, emergency department utilization, incarceration, time spent by law enforcement, etc.

DBHS has a longstanding partnership with UC Davis Department of Psychiatry, which includes the provision of psychiatric services at our clinics. UC Davis Department of Psychiatry will provide their evaluation activities in-kind at no cost to the project. In addition, the Chair of the UC Davis Department of Psychiatry and Behavioral Sciences serves as Sacramento County DBHS Medical Director.

There will be many levels to this project evaluation and stakeholders will have input along the way. Project progress and outcomes will be communicated to the community through MHSA email blasts, as well as presentations and updates provided at community and system partner meetings, provider meetings, Cultural Competence Committee, MHSA Steering Committee and Mental Health Board meetings.