

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
ACTION AGENDA SUMMARY

DEPT: Behavioral Health And Recovery Services

BOARD AGENDA # B-7 (A)

Urgent

Routine

pkc

AGENDA DATE June 17, 2014

CEO Concurs with Recommendation YES NO
(Information Attached)

4/5 Vote Required YES NO

SUBJECT:

Update on the Strategic Plan for 24/7 Secure Mental Health Services

STAFF RECOMMENDATIONS:

Accept the Update on the Strategic Plan for 24/7 Secure Mental Health Services.

FISCAL IMPACT:

In Fiscal Year 2012-2013, \$8,683,093 was expended on acute psychiatric inpatient care. It is projected that in Fiscal Year 2013-2014, \$7,131,746 will be spent on inpatient psychiatric services. Some of the reduction is clearly due to the implementation of most of the Strategic Plan for 24/7 Secure Mental Health Services

BOARD ACTION AS FOLLOWS:

No. 2014-295

On motion of Supervisor Monteith, Seconded by Supervisor Withrow

and approved by the following vote,

Ayes: Supervisors: O'Brien, Chiesa, Withrow, Monteith, and Chairman De Martini

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) X Approved as recommended

2) _____ Denied

3) _____ Approved as amended

4) _____ Other:

MOTION:



ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

File No.

DISCUSSION:

On November 13, 2012, the Board of Supervisors approved the 24/7 Secure Mental Health Services Strategic Plan. This plan was the result of a lengthy stakeholder process that included the Chief Executive Office, Behavioral Health and Recovery Services (BHRS), Doctors Medical Center/Doctors Behavioral Health Center (DMC/DBHC), and consultants. Additional stakeholders included other area hospitals, Health Services Agency, and law enforcement. This group identified three main goals:

- Develop increased capacity to provide 24/7 inpatient psychiatric care at a lower level of intensity than an acute psychiatric inpatient unit, i.e., a Psychiatric Health Facility (PHF).
- Develop aftercare strategies as an element of a behavioral health continuum of care around inpatient services.
- Develop a Crisis Stabilization Unit (CSU) as a means of providing “front door” options to avoid hospitalization.

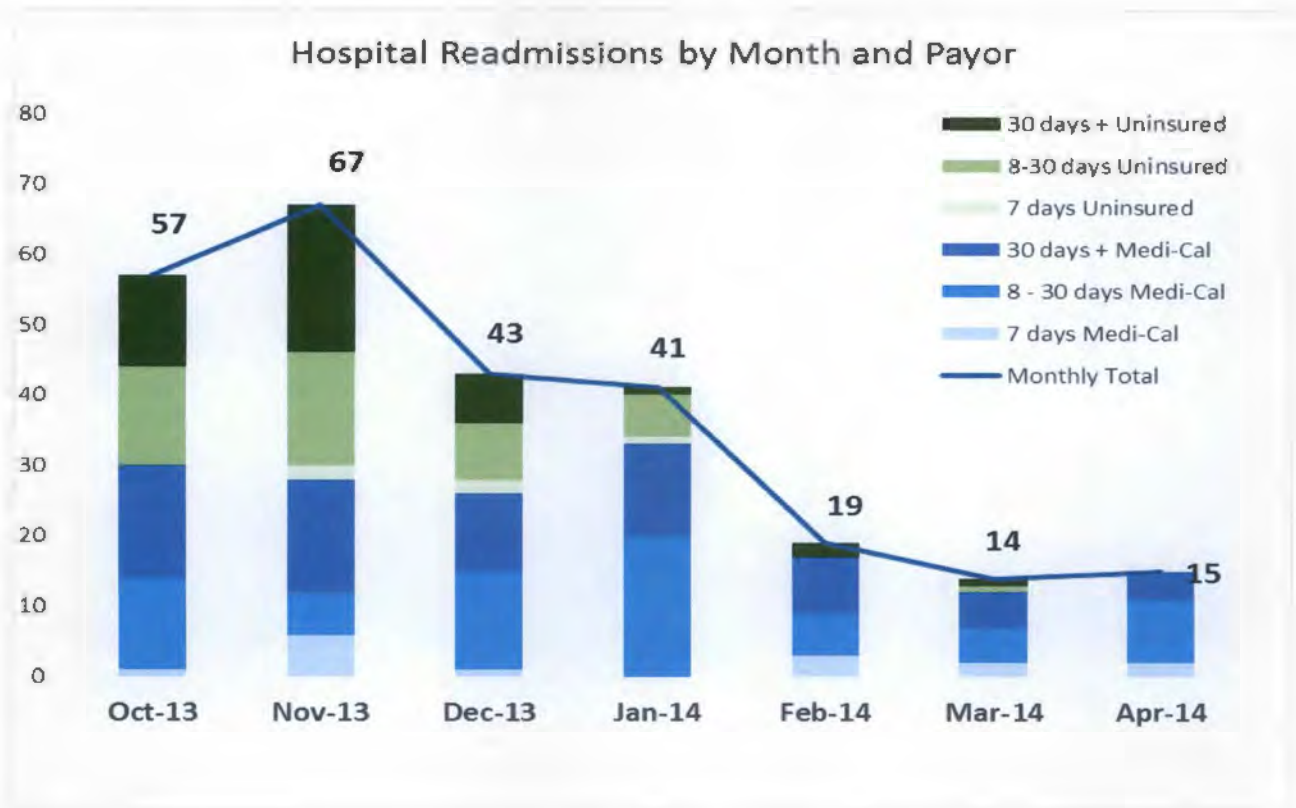
The first two goals have been implemented. A PHF opened at the Stanislaus Recovery Center site in Ceres, California on March 3, 2014. During crisis assessments, clinicians consider the level of care that is needed to resolve the crisis. Those individuals that can be appropriately served at the PHF are sent to that facility if they have available beds. With sincere efforts on the part of BHRS staff and Telecare staff, the PHF operators, the admission process has become increasingly streamlined. The PHF, which can accommodate 16 patients, remains almost full most of the time now.

The second goal has also been accomplished. A discharge team, operated as an expansion of one of our Mental Health Service Act Full Service Partnerships, was developed to follow up with all County patients discharged from DBHC. Staff on this team engages individuals while they are in the hospital or at the time of discharge to ensure that they receive appropriate aftercare. This discharge team began operation in March 2013. Comparing the number of clients this team worked with in the third quarter of Fiscal Year 2012-2013 to the same period in Fiscal Year 2013-2014 yielded interesting information. In 2012-2013, the team interacted with 100 individuals. In 2013-2014, they interacted with 470 individuals. Clearly, this has the potential for significant impact.

The engagement strategies and treatment plans have been refined as outcomes have been closely monitored. If clients return in a crisis, this team responds to intervene and attempt to avoid a hospitalization. Most recently, this team has been part of concerted effort to develop detailed interventions for the individuals that have most readmissions.

These efforts have been highly successful. A system was developed to monitor and track readmissions within seven (7) days, between eight (8) and 30 days and beyond 30

days. Since October 2013, total readmissions have dropped from a high of 67 in November 2013 to a low of 15 in April 2014. Data for May 2014 is not yet available. The trend is clearly and sharply down since November 2013.



The success of these aftercare strategies led to a proposal to the Mental Health Services (MHSA) Representative Stakeholder Steering Committee (RSSC) to increase the funding for these discharge services, which will allow staff to respond to discharges from the PHF. This proposal is being presented at the Board of Supervisors on June 17, 2014.

The third goal has not been implemented at this time, but the RSSC has approved the use of MHSA funding to be used for the development of a CSU. In the meantime, a less intense “front door” was implemented on October 1, 2013. The Crisis Intervention Program (CIP) was originally located very close to DMC Emergency Department on Florida Avenue, where most individuals in crisis appear. The projected cost of operating the CIP at this location pending the opening of the new PHF was \$370,000. BHRS was tasked with returning to the Board of Supervisors with a report on the Return on Investment (ROI) for the CIP. Although the admissions to the CIP, which has a capacity of four (4) clients at any one time, lagged initially, efforts were made to adjust staffing.

The results have been amazing. The final cost of the operation of the CIP at the Florida location was \$242,248. Enough psychiatric inpatient hospitalizations were avoided to cover this cost by the end of January 2014. Hospitalizations have continued to be

avoided by the work of the staff in the CIP. By the beginning of March 2014 when the PHF opened and the CIP relocated to the Stanislaus Recovery Center site, another \$449,251 in hospitalization costs had been avoided.

Cost avoidance monitoring is continuing at the CIP at their new location adjacent to the PHF. The utilization of the CIP continues to grow. In May 2014 alone, 100 adults were able to avoid hospitalization. It is expected that the success of the CIP will be further improved in a CSU where medications will be available as well.

POLICY ISSUE:

Approval of this item supports the Board of Supervisors' priorities of A Healthy Community, a Safe Community, and Efficient Delivery of Public Services by providing continued and improved access for constituents to appropriate behavioral health services.

STAFFING IMPACT:

There are no staffing requests with this agenda item.

CONTACT PERSON:

Madelyn Schlaepfer, PhD, Behavioral Health Director. Telephone 525- 6225.

Behavioral Health and Recovery Services

Update on Strategic Plan for 24/7 Secure Mental Health Services

Stanislaus County Board of Supervisors
June 17, 2014



Behavioral Health and Recovery Services
A Mental Health, Alcohol and Drug Service Organization

Alone we can do so little;
together we can do so much.

Helen Keller

Background

- On November 13, 2012, the Board of Supervisors approved the Strategic Plan for 24/7 Secure Mental Health Services
- The Plan included three main goals:
 - Development of a lower level of intensity inpatient care option, i.e., Psychiatric Health Facility (PHF)



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Background

- Implementation of post-discharge from inpatient care strategies
- Development of a Crisis Stabilization Unit (CSU)



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Background

- Recently updated the Board's Health Executive Committee – Supervisors O'Brien and Withrow
- Return on Investment Results for the Crisis Intervention Program (CIP) and the new Psychiatric Health Facility (PHF)

Background

- The first two goals have been implemented
 - The PHF opened at the Stanislaus Recovery Center site on March 3, 2014
 - A discharge team, operating as an expansion of a Full Service Partnership, was implemented on March 1, 2013



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Background

- The final goal, a CSU, has not been implemented
 - It has been difficult to secure funding needed for remodeling a wing of the Stanislaus Recovery Center residential treatment program
 - Other options are currently being developed



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Background

- A temporary alternative to a CSU was implemented on October 1, 2013.
- The program is the Crisis Intervention Program (CIP)
- The CIP is able to provide brief crisis intervention and peer support.
- Unlike a CSU, access to a psychiatrist and nursing personnel is not possible. Thus, no medications can be prescribed.



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Update – Post Discharge Team

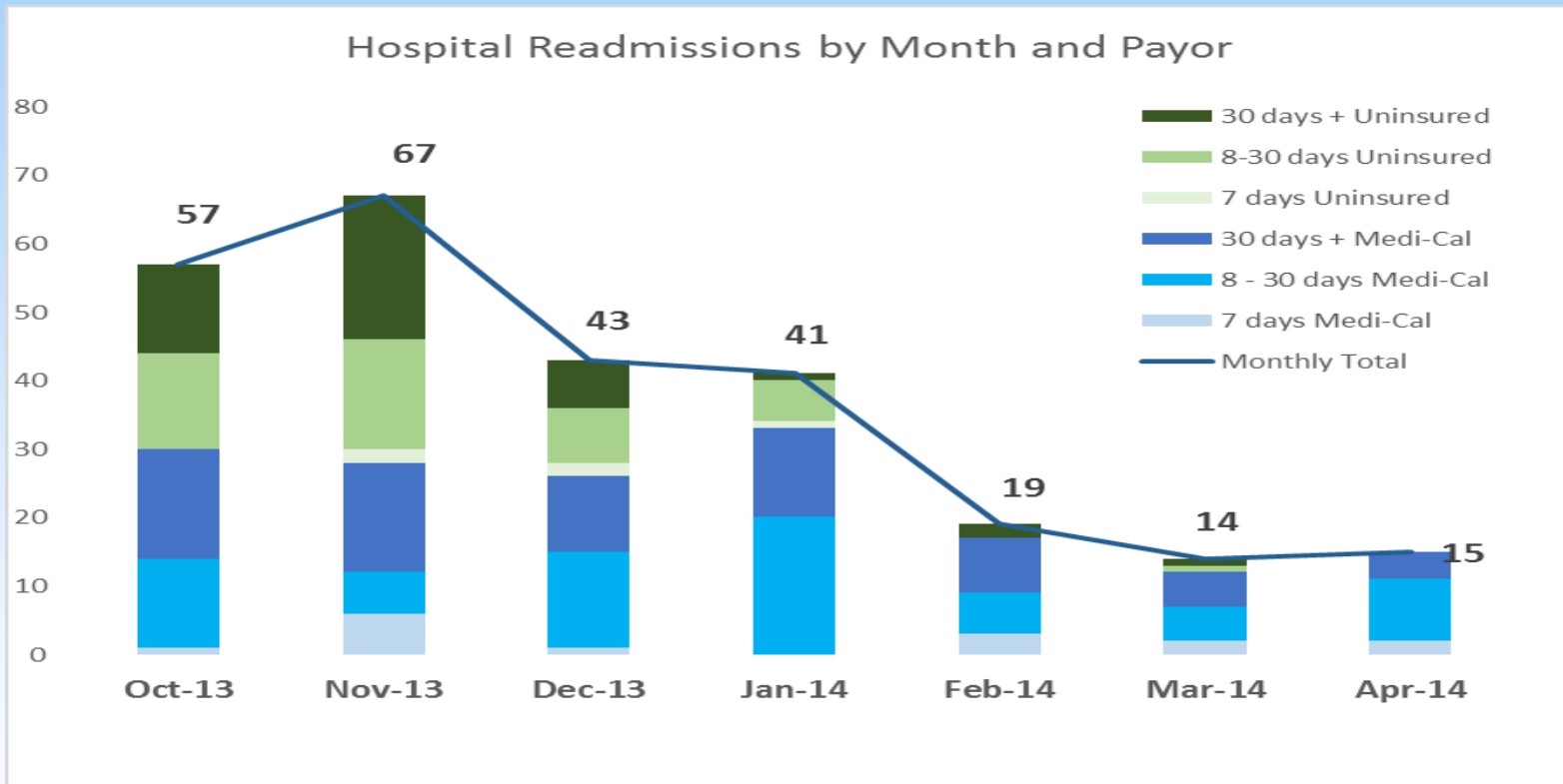
- The post-discharge team has been highly successful
- A system was developed to track and monitor readmissions:
 - Within seven (7) days
 - Between 8 and 30 days
 - Beyond 30 days



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Update – Post Discharge Team



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Update – Post Discharge Team

- As the chart indicates total readmissions have dropped significantly since November 2013
- The recent BOS dashboard report noted a significant increase in unique clients served in the 3rd quarter of FY2013 vs. FY2014
- Much of this increase is due to the contacts that the discharge team has provided



Update - Return on Investment (ROI) for the CIP

- The utilization of the CIP was slow in the beginning
- Adjustments were made to staffing to accommodate this
- Over time, the utilization has gradually increased
- In October 2013, **24** individuals were served in the CIPP
- In May 2014, **100** individuals were served



Update - ROI for the CIP

Cost Estimate vs. Actual		
	Estimate	Actual as of March 2014
Cost of Operating a CIP	\$370,000	\$242,248

Update – ROI for the CIP

Dates	Number of Days	Total CIP Diverted	Monthly Est. Costs diverted per Admission	Cumulative Est. of Costs Diverted per Admission
10/03/13 - 10/31/13	29	24	\$73,110	\$ 73,110
11/01/13 - 11/30/13	30	23	\$70,064	\$143,174
12/01/13 - 12/31/13	31	20	\$60,925	\$204,099
01/01/14 - 01/31/14	31	55	\$167,544	\$371,643
02/01/14 - 02/28/14	28	57	\$173,636	\$545,279
03/01/14 - 03/31/14	31	48	\$146,220	\$691,499
Total & Average	180	227	\$691,499	

Costs to operated CIP through 3/31/2014: \$242,248

Net Cost Avoidance: \$449,251

Return on Investment (ROI): 185%

Update - Return on Investment (ROI) for the CIP

- Recognizing that the CIP is a lower level of crisis intervention, even greater costs may be avoided with a CSU



Questions?