



## **STAFF INNOVATION SUMMARY—SACRAMENTO**

**Name of Innovative (INN) Project: Mental Health Crisis/Urgent Care Clinic**

**Total Requested for Project: \$12,500,000**

**Duration of Innovative Project: Five (5) Years**

### **Review History**

County Submitted Innovation (INN) Project: April 1, 2016.

Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) consideration of INN Project: May 26, 2016.

### **Project Introduction:**

Sacramento County proposes to adapt the urgent care clinical/medical model to provide mental health crisis response/care for individuals while integrating wellness and recovery principles. The County anticipates that the clinic would be open after-hours, weekends and holidays, seven days per week. The project is part of a larger effort to implement a comprehensive community-based crisis response continuum in Sacramento County modeled after recommendations in a 2005 publication entitled, "A Community-Based Comprehensive Psychiatric Crisis Response Service" by the Technical Assistance Collaborative.

The proposed clinic would be staffed by peers and family members, nursing staff, psychiatrist, licensed clinicians, alcohol and other drug specialists, care coordination/case manager, interpreter/cultural broker, psychiatric residents, and volunteers and trainees.

In the balance of this brief we address specific criteria that the Commission looks for when evaluating INN Plans, including: what is the unmet need that the county is trying to address? Does the proposed project address the need? Are there clear learning objectives that link to the need? And, will the proposed evaluation allow the county to make any conclusions regarding their learning objectives? In addition, the Commission checks to see that the INN meets regulatory requirements that the proposed program or project must align with the core Mental Health Services Act (MHSA) principles, promotes learning, fund exploration of a new and/or locally adapted mental health approach/practice, and target one of the four allowable primary purposes.

### **The Need**

The County states that in 2009 it lost a number of community-based mental health services including the available crisis response system. They are now working on building

an improved crisis response capacity, including development of three 15-bed crisis residential facilities, 20 subacute beds, and an expansion of the county crisis stabilization unit. This proposed INN project Mental Health Crisis/Urgent Care Clinic is one part of the strategy to build on the Counties crisis response capacity, which includes the County's prior INN Project, Respite Partnership Collaborative.

According to a 2015 report by the Sierra Sacramento Valley Medical Society,

*Every month over 1,600 children and adults experiencing a mental health crisis end up in one of the Sacramento region's hospital emergency departments.... This influx of patients has strained the region's EDs, resulting in extended wait times for patients experiencing medical and/or psychiatric emergencies. This process results in the delivery of suboptimal quality of care for patients...as well as increased lengths of stay and higher risks of adverse outcomes for all ED patients. (p. 3)*

Citing data collected by the California Office of Statewide Health Planning and Development, the 2015 report showed that Emergency Department (ED) encounters discharged to psychiatric hospitals or units rose from 3,798 in 2009 to 7,780 in 2013 (Sierra Sacramento Valley Medical Society, p. 6).

## **The Response**

The County notes that urgent care clinics provide “an intermediate step between routine and emergency care” (Sacramento County, Exhibit C, p. 5). The County emphasizes the robustness of its community stakeholder process (see below) in identifying and prioritizing an urgent care clinic as an appropriate response to a gap in its current mental health system of care.

Less obvious is the case that establishment of an urgent care clinic to address this service gap qualifies for funding under the INN Projects component.

Other counties have employed similar models without tapping into INN funding. For example, San Bernardino County currently contracts for operation of several urgent care mental health clinics utilizing Community Services and Supports (CSS) dollars. The specifics of how Sacramento intends to adapt these models to meet the local needs could be further clarified.

Additionally, the County could address how or whether this new proposal complements, leverages lessons learned, or otherwise leverages the County's prior INN Project, Respite Partnership Collaborative, which has supported several crisis respite service centers designed to help reduce emergency room visits and other adverse outcomes often associated with mental health crises. The County has addressed these issues in its companion brief, County INN Brief– Sacramento.

Sacramento County has identified several features of the County that it believes makes local circumstances unique, including having 90% of mental health services are contracted out; working with four (soon to be six) different Managed Care Plans; having five different threshold languages; and ranks in the top three counties in California in terms of numbers of newly arriving refugees.

The County proposes that the clinic would provide a range of services for all age groups, including triage, and phone triage, comprehensive behavioral health assessment, medical screening, crisis intervention, medication support, peer and family support, care

coordination and linkage to services, and transportation assistance. This differs from many other urgent care clinic models for crisis services, which often target specific subpopulations or age groups.

The County proposes to contract out the clinic operations through a competitive bidding process. The development of scoring criteria for the Request for Proposal that incentivizes a clear articulation of these adaptations to local conditions and a way to measure their usefulness and effectiveness could be critical to the success of this project as an INN project.

### **The Community Planning Process**

The Division of Behavioral Health Services in Sacramento conducted a robust community planning process, which included community input sessions and the formation and convening of a workgroup.

The initial concept of an urgent care/medical clinic INN Project was presented at the County's MHSA Steering Committee meeting on February 26, 2015. The Steering Committee continued discussion of the concept at its March 19, 2015 meeting, at which the Committee voted to support the concept.

The County then convened a series of four community input sessions during August of 2015, with a total of 125 attendees across the four sessions. Next, the County convened a diverse, 14-member workgroup, which refined the draft plan over two meetings in September 2015. Finally, the workgroup presented the draft plan to the MHSA Steering Committee on October 15, 2015. The Steering Committee unanimously recommended the plan be submitted to the County Board of Supervisors for adoption.

The INN Project plan was included in the County's Fiscal Year 2015-16 Annual Update, which was posted for public comment from January 4, 2016, to February 3, 2016, and adopted by the County Mental Health Board following a public hearing on February 3, 2016.

### **Learning Objectives and Evaluation**

The County's key stated learning objectives center on whether an urgent care clinic would result in improved quality of services including better outcomes for individuals experiencing a mental health crisis, as well as increased access to services.

The County-submitted plan did not clearly spell out either specific adaptations it wishes to test, or a specific methodology for evaluation. The County addresses these issues further in its companion Brief. The County emphasizes that it plans to partner in its evaluation with the University of California at Davis Department of Psychiatry, which has strong credentials in research and evaluation.

### **The Budget**

The projected budget is \$12,500,00 over the 5 year project duration. The County has not provided budgetary detail, as these features are expected to emerge from the Request for Proposals (RFP) process. The County states that evaluation expenses will be provided in kind by the University of California, Davis Department of Psychiatry and Division of Behavioral Health Services.

### **Additional Regulatory Requirements**

The proposed project appears to meet or exceed minimum standards for compliance with other requirements under the MHSA. The County's proposal reflects robust community involvement in the planning process.

However, specific adherence to MHSA values depends critically on the outcomes of the RFP process. One area of particular interest is the degree to which peer services in an urgent care clinic setting can adequately address the needs of Sacramento's diverse communities. The County expects to address this point further in its presentation.

### **References**

Sacramento County Division of Behavioral Health Services. March 22, 2016. *Mental Health Services Act. Fiscal Year 2015-16 Annual Update to the Three-Year Program and Expenditure Plan.*

Sierra Sacramento Valley Medical Society. 2015. *Crisis in the Emergency Department. Removing Barriers to Timely and Appropriate Mental Health Treatment.*

Technical Assistance Collaborative Inc. April 2005. *A Community-Based Comprehensive Psychiatric Crisis Response Service.*