

Legislative Interim report regarding SL Co Efforts to Reduce Inpatient Placements

Mobile Crisis Outreach Team (MCOT)

Under the direction of Salt Lake County Division of Behavioral Health Services, OptumHealth contracted with the University Neuropsychiatric Institute (UNI) to create a Mobile Crisis Outreach Team to provide crisis services to residents of Salt Lake County. There are three teams to cover Salt Lake County; two adult teams and one youth team. These teams operate 24 hours, 7 days a week, 365 days per year. The teams are made up of Certified Peer Specialists, Licensed Mental Health Therapist (who are also Designated Mental Health Examiners), and psychiatric personnel. Psychiatric personnel are available via phone. Services they provide include:

- Rapid response - face to face assessment and crisis intervention in the community
- Psychiatric emergency care
- Consultation and support to individuals, families and treatment providers
- Crisis resolution and planning
- Follow-up services, when appropriate

The MCOT program began to provide services on March 15, 2012. MCOT is providing rapid response to the community for face to face assessment and intervention, consultation and support, crisis resolution and planning, linkage to appropriate services, stabilization in the least restrictive environment and reduction of inpatient and law enforcement interventions. These services are designed to safely reach individuals at their place of residence, and/or other community based locations that are best suited to meet the needs of the individual.

On average the MCOT is currently doing 69 outreaches per month. On average, 59% of these outreaches result in individuals remaining in the community, at their place of contact; 23% are being referred to the UNI receiving center; and the remaining 18% are being referred to an emergency room or hospital inpatient unit.

Receiving Center (RC)

The RC is a segregated area located within UNI. The UNI Receiving Center (RC) is an innovative program that provides a short term (up to 23 hours) secure crisis center for both voluntary and involuntary individuals. There are no hospital beds on this unit. Instead, there is a living room environment with several “easy chairs.” The emphasis is to maintain a “home like” environment. There are private rooms for staff to speak with clients in private, when necessary. It operates 24 hours, 7 days a week, 365 days per year.

It is designed to be used by law enforcement officers, EMS personnel and other referral sources as the primary receiving facility for Salt Lake County. It features a “Living Room” model, which includes peer support staff as well as clinical staff. The RC is designed to offer a safe, supportive and welcoming environment that treats each person as a “guest” while providing the critical time people need to work through their crisis. Treatments use a recovery focus and

include therapeutic crisis management, strength based needs assessment, health screening, clinical assessment by a licensed mental health professional, medication intervention, safety, security and assistance in discharge planning.

Guests in the RC are able to work with peer support and clinical staff to identify the stressors that are contributing to their current crisis. Staff help the person in addressing those stressors so that they are perceived as manageable goals with long term positive outcomes.

For example, a guest has gone through a divorce and is feeling alone and is unable to pay her bills. She is feeling hopeless and has been having thoughts of suicide. Police respond after her sister calls 911 with concerns. Typically, this scenario would result in the woman being pink sheeted to an emergency room and then admitting to an inpatient unit. A woman with financial stress has now incurred an ambulance bill, an Emergency Room Bill, and a costly inpatient stay.

In the new model with this same example, police contact UNI Crisis Services and the MCOT team is dispatched to the scene. The team contacts the woman's sister who agrees to drive her to the UNI receiving center. The woman agrees. She is not pink sheeted and presents to the Receiving Center where she has a chance to talk to a clinical social worker about the many stressors she has been having. A peer specialist contacts the utility company to get her on a plan for economic hardship to keep her utilities from being shut off. They also find that there are services offered by her religious group that will help her get a job that will also pay for skills training. An APRN meets with the woman and determines that an antidepressant will be helpful and coordinates with local programs to help get her medications paid for. The peer support finds a local support group for divorced woman to help her build her support system.

Example #2 is a gentleman acting rowdy on the streets has gotten the attention of local law enforcement. They debate whether to take him to jail or the ED. CTI officers decide to call the Receiving Center who accepts him from law enforcement. It is determined that this individual has a substance abuse problem which has led to numerous arrests. He was referred to the VOA for detox and an appointment was arranged to interview for a room at the John Taylor House.

The RC assists with long term goal planning as well as short term crisis management in a less restrictive environment. People are treated quickly and effectively, receiving therapeutic interventions with a licensed clinical social worker and medication management from our medical staff.

In total, since opening July 1, 2012 206 people have been treated, 18 of which ultimately required hospitalization (8.7%). 75 of the 193 were on Medicaid and 66 of the 193 had no insurance to pay for hospitalization.

Wellness Recovery Center (WRC)

The Wellness Recovery Center (WRC) is a voluntary, 16 bed residential program designed to provide crisis intervention support to Salt Lake County residents experiencing an acute mental

health crisis. This is a voluntary program to assist individuals in a crisis situation providing crisis triage and intervention, assessment services, medication intervention, safety, security and assistance in alleviating the crisis. The WRC is based on a recovery (Living Room) model which is designed to provide a crisis alternative type of assistance in a more natural environment that uses the unique talents and life experience of certified peer specialists to provide hope and support to individuals in the program. It operates 24 hours, 7 days a week, 365 days per year.

Residential treatment has been used since the movement of patients out of the state hospitals began in the early 1970's. It has long been recognized as a successful step-down from inpatient to the community. Its use as a preventative measure has also been documented in the literature of community mental health. Also the use of case managers to ensure that follow-up is provided has been well documented.

The Wellness Recovery Program follows in this tradition and is intended to be used as a safe place to resolve crisis problems. The difference is that peer specialists are a very important part of the front line staff. The program is designed for the first point of contact for those who come to the program to be done by a peer specialist. The peer specialists are trained individuals who have been consumers of mental health services. By virtue of the peer specialists' unique position in the treatment community, they are able to relate to the guests and share the specialists own stories of hope, recovery, and resiliency. The program will also offer medication and other therapies. This program is intended as a place that could prevent hospitalization or could shorten the length of the hospital stay for the person. The program is designed to offer hope and skills that will help the person be more independent and learn to remain in the community and stay in a less restrictive level of care.

The program will also have Peer Bridgers, much like case managers, for those returning to the community. The Bridgers will provide connection to community resources and entitlements for up to 30 days post discharge.

The program building is currently being renovated and plans to open on October 1, 2012. Though we do not have current statistics, we fully expect this program to have a major impact on decreasing hospital emergency room visits, psychiatric admissions and jail incarcerations by providing a more appropriate setting and level of care. It is clear most people using this program would have required hospital services and many would have been incarcerated because the appropriate services were not available.

The WRC is also expected to reduce admissions at the Utah State Hospital (USH) by intervening earlier in the client's crises via the additional crisis services which have been implemented (i.e., MCOT and RC). The MCOT and RC will have the ability to transition clients to the WRC, when appropriate. This allows earlier intervention because the threshold for medical necessity at the WRC is less than what it is for hospitalization. So previously these clients would have been sent home from the emergency room of the hospital since they did not meet medical necessity.

The result was that many did not follow through with recommendations and their mental illness would escalate until, eventually, hospitalization was needed. Only by then their mental illness may have escalated so much before seeking out hospitalization, or being ordered into the hospital (i.e., commitment), that the client then needed extended care to stabilize their symptoms that could only be offered at the USH. Additionally, discharge planning from the WRC for these clients will include wrap-around services conducive to their recovery. The combination of earlier intervention and follow through with the wrap-around services will serve to mitigate the circumstances which could have led to a hospitalization (acute and chronic). Furthermore, traditionally there has only been the Community Treatment Program (CTP) that Valley Mental Health operates that can serve as a step-down for those who are discharging from the USH. It is expected that the WRC will relieve some of the pressure that CTP experiences by diverting clients from hospitalization and accepting clients from the USH as a step-down in treatment. As a result, it is expected that the average length of stay at the USH will decrease as these viable alternatives of WRC and CTP become more readily available, permitting USH clients to discharge sooner, closer to their supportive communities.

Results seen in Pierce County, WA during the first full year of MCOT, Receiving Center, and Recovery Center Implementation

At this time, with only 30-60 days of data, it is too early to determine what cost savings have occurred or what trends are emerging. We do anticipate considerable savings and would be willing to present that once we have a year’s worth of data in order to determine trends and any associated savings. In the meantime, we would like to offer the findings of another program that OptumHealth operates in Pierce County, Washington.

Pierce County, Washington is a county which has similar demographics to Salt Lake County, Utah. In 2009 Pierce County implemented a Mobile Crisis Outreach Team, Receiving Center and a Recovery Center. Below are the results they saw in the first full year of operations.

	<u>FY2009</u>	<u>FY2010</u>	<u>Result</u>	<u>Savings</u>
Reduction in Hospitalizations	123 monthly	99 monthly	19.5% reduction	\$1.47 million
Re-admission Rate/30 days	12.6%	8.6%	32% reduction	\$242,955
Inpatient Bed Days/1,000	19.60	12.13	38.2% below state average	\$4.4 million