5(d) Increase collaboration between outpatient and inpatient mental health providers (e.g. create system to give immediate notification to outpatient providers when their clients are hospitalized; 

The County Division of Behavioral Health Services has taken numerous steps in the last three years to increase collaboration between outpatient and inpatient systems – described in the County continuum as the “Specialty Mental Health” component and the “Acute Services” continuum. With the anticipated 2013-14 rollout of the Electronic Health Record (EHR) Sacramento County expects to utilize the most current technology to create greater degrees of timely communication and discharge planning between the outpatient and inpatient sectors.

Since 2009, when the County's behavioral health system underwent a significant change with the closure of the Crisis Unit and the utilization of hospital emergency departments as the primary entry point for community members seeking emergency psychiatric services, a number of critical collaborations have emerged. The partners in these collaborations are links across the entire continuum of services from prevention to sub-acute services. However, the core collaboration takes place between the Access Points, specialty mental health providers and the acute care system. The goal of all the operational activities is to share the most efficient and complete notification between outpatient and inpatient sectors to either assure quality care and/or make safe and appropriate discharge plans.

Below are listed the most significant collaborative activities at the operational, system, training and oversight level.

**Operational Collaboration:**

The operational collaboration between outpatient providers and inpatient continuum takes place in the following manner:

1. **Intake and Referral Team** at the Mental Health Treatment Center maintains a 24 hour capability to assist, link and respond to treatment related issues for the acute inpatient psychiatric hospital system. A team of clinicians, nurses and psychiatrists provide critical information and consultation to the emergency rooms, inpatient psychiatric facilities and outpatient providers. The main objective is to provide coordinating emergency information to system partners to expedite treatment decisions whether they involve continued inpatient care or discharge planning. For example, when a linked client (individual already receiving outpatient services in a county/contracted provider), presents at a local emergency room, ER staff will contact the Intake and Referral Team. This team will provide outpatient linkage information to the ER if the consumer is enrolled with an outpatient provider. The team will also review any pertinent treatment history for the client that may be able to
assist the ER in providing appropriate crisis stabilization services (e.g., diagnosis, medication information, medical information and psychosocial history). The Intake Team staff also notifies the outpatient provider of the crisis situation with their client so that the provider may provide support service during or after the crisis. (Attachment –5d-1)

This Intake and Referral Team also serves as the referral assessment and receiving unit for the Mental Health Treatment Center 50 bed Psychiatric Health Facility. This unit is works to ensure that all available County psychiatric inpatient beds are utilized to maximum efficiency and also to prioritize, whenever possible, highly vulnerable or complex clinical cases from having to go to a local emergency room by directly admitting appropriate psychiatric inpatient referrals from the Public Guardians Office (Lanterman-Petris-Short conservatees), Jail and Court System and the Sub-Acute System of Care.

The Intake and Referral Team also provides Crisis Intervention via telephone consultation and referrals for mental health services, alcohol and drug services, as well as other social service support agencies. It is responsible for the County Mental Health Plan after hours Access line. (Attachment – 5d-2)

2. **Daily Census Reports:** A daily census report is sent out by the Clinical Director of the Mental Health Treatment Center by 8 AM. The recipients of the census report -- the outpatient providers, corresponding contract monitors, Intensive Placement Team and technical support staff are alerted to the presence of clients from all county/contracted providers and are immediately able to start coordination activities. The census report includes the entire acute services sector and the specialty mental health services sector. Based on this report, outpatient providers are able to immediately respond to their own clients at the various facilities and either provide supports for continued stay or participate in the discharge planning activities to ensure a smooth transition. The Clinical Director of the Mental Health Treatment Center also sends a census report to all hospitals and emergency rooms that provides the daily census and bed availability in County operated and County contracted inpatient psychiatric health facilities. This daily report provides emergency service partners the information needed to navigate referrals for inpatient care in the most efficient manner possible. (Attachment – 5d-3).

3. **Facility/Provider Liaisons and Coordination Meetings:** Each local hospital and specialty mental health provider have established liaisons to problem solve daily operational issues such as access to clients at hospitals, sharing of information and other logistics. The MHTC hosts a provider coordination meeting on a bimonthly schedule, maintains up to date minutes of follow-up actions and shares the contact information lists for both inpatient and outpatient leads. (Attachment – 5d-4)
4. **Psychiatric Consultation**: The Medical Directors/Medical Team information for each outpatient provider is available to the Intake and Referral Team through the Medical Director of the Mental Health Treatment Center for urgent or routine consultation. Each Medical Director for the outpatient providers has been provided this telephone contact information for doctor-to-doctor consultation.

5. **Follow-up Care Coordination**: Clients linked to the system receive follow-up care through their established provider both with visits to the inpatient facility prior to discharge and prompt post-discharge follow-up. Every unlinked client discharged from a psychiatric hospitalization receives an appointment for follow-up assessment and care with an outpatient provider through the County Access Team. In addition to scheduling such appointments, the Access Team also alerts the Community Support Team (see Prevention Program—Project 1) to provide critical supports. The CST contacts each client upon discharge, offers necessary services and supports during the interval between a hospitalization and a first outpatient appointment. *(Attachment – 5d-5).*

6. **In-Facility Consultation and Coordination**: The Intensive Placement Team (see Continuum of Care – Access Points) coordinates and authorizes services for individuals with complex, co-morbid conditions at the MHTC on a daily basis – either through telephone contact or through in person visits to conduct face to face level of care assessment to make determinations for appropriate discharge plan. Such face to face assessments are also provided for other local facilities as needed. The IPT work is focused toward individuals where multiple types of placement options, conservatorship, and/or co-morbid conditions necessitate specialized treatment and discharge planning beyond the immediate knowledge of the inpatient facilities.

**System Collaboration:**

The following system level collaboration demonstrates the County’s commitment to continue to improve outpatient-inpatient service relationships:

1. **Adult Provider Meetings**: The adult provider meeting takes place on a bimonthly schedule and includes all specialty mental health providers and representatives from the inpatient hospitals, the Access Teams and contract monitors. A regular agenda item for this meeting is developing the relationship between acute and outpatient service sectors and problem solving any developing challenges. This meeting also gives the two systems an opportunity to understand the types of services provided in each sector, the gaps and test out efforts to adjust existing routines. *(Attachment – 5d-6)*
2. **Outpatient Provider/Monitor Meetings**: Monthly and bi-monthly coordination meeting at the operations level also are in place to work on specific areas of communication. These meetings bring different groupings of service providers (e.g. low, moderate and high intensity as described in the continuum of care) together to review status of referrals to the outpatient system, challenges in referral, gaps in services, and test efforts to improve the system. *(Attachment – 5d-7)*

3. **Mental Health Outpatient Provider involvement in monthly Emergency Department Task Force Meeting**: This monthly Emergency Services meeting, sponsored by the Northern California Hospital Council brings together, emergency room managers, fire and paramedic and ambulance services, law enforcement and emergency dispatch managers to discuss and problem solve operational issues in providing emergency services in Sacramento County. In 2010, the Director of the Mental Health Treatment Center was invited to speak about the reduction of crisis mental health services and to hear from other emergency service providers the impact of these reductions on their own operations. Since that initial attendance the Task Force has added the Department of Behavioral Health Services (represented by the Executive Director of the Mental Health Treatment Center) as a member of the task force. Through this collaboration, the task force has also invited a number of intensive outpatient agencies to attend these meetings and provide updates and recommendations to providing more efficient crisis mental health services in local emergency rooms. *(Attachment – 5d-8)*

4. **Monthly Crisis Service Provider Meeting at MHTC**: (Medical Systems, Outpatient Providers, Inpatient Psychiatric Facilities, Law Enforcement) This meeting specifically focuses on the crisis service providers across the community. It includes partners from other systems such as medical systems, law enforcement and Emergency Rooms and addresses specific needs for the unique challenges of crisis entry points in the system. *(Attachment – 5d-9)*

**Training and Oversight Activities:**

1. **Local Psychiatric Hospital Training**: To continuously improve the understanding of the outpatient system of care within the acute care sector, training is provided annually and as needed to each of the local private psychiatric hospitals. This training provides an overview of the system and the process to make referrals and follow-up with care planning. Each local psychiatric hospital received training in 2011 (Heritage Oaks on 5/12/11; Sierra Vista on 5/5/11; Sutter Center for Psychiatry on 9/22/11. Additional training is provided as needed for these facilities and the Crestwood Psychiatric Health Facilities (also trained on 5/3/12).
2. **The Inpatient Access and Authorization Team:** Sacramento County Department of Behavioral Health Services has a utilization review team specifically for emergency inpatient care provided by county run and county contracted psychiatric inpatient facilities. Every inpatient facility provides a census of Sacramento County Medi-Cal and indigent clients that were admitted for emergency inpatient services within the previous 24 hours. This team concurrently reviews clinical information ensuring that medical necessity exists for the hospitalization. These daily reports provide valuable information with regard to high need consumers who are being repeatedly hospitalized. This team is charged with identifying consumers who have significant utilization of emergency and acute services, and working with outpatient and inpatient providers to develop coordinated treatment planning to break the cycle of re-hospitalization whenever possible. This team has also been very successful in working with the Intake and Referral Unit to assist medical hospitals in identifying consumers who are high frequency visitors of emergency rooms to develop alternative outpatient and crisis intervention treatment planning to reduce repeated visits to the ERs and reduce inpatient psychiatric hospitalizations.

3. **Bimonthly System wide Case Based Learning:** Starting in April 2012, a new initiative to enhance communication between outpatient and inpatient systems has been instituted. Outpatient providers with complex clients where services touch multiple system and/or present with different treatment challenges are encouraged to submit cases for case based learning and consultation. These bimonthly clinical meetings, facilitated by the Medical Director of the Mental Health Treatment Center, invite the presenting provider team and other agencies to learn from this consultation and build the collaboration across a multidisciplinary view of services. The case based learning is a partnership between the University of California Department of Psychiatry affiliation with the Mental Health Treatment Center and the County outpatient provider system. Psychiatrists, other medical team members, clinicians and peer staff attend this learning opportunity open to inpatient and outpatient service providers.

4. **Psychiatric Resident Training in Public Psychiatry:** This MHSA funded program started in 2010-11 and is designed to provide experiential and academic exposure to second year psychiatric resident physicians working in the inpatient and outpatient sectors of Sacramento County. The goal was to promote the concepts of wellness and recovery within the medical model of a physician in training and to encourage soon to be Psychiatrists to continue working in the public and community sector. Through this program psychiatric residents have learned from guest instructors from patient’s rights advocates, consumers, family members and outpatient providers. Finally, this program encourages communication between physicians working in the
5. **Mental Health Partnership Collaborative (Hospital Council):** In an early stage of development, the County is utilizing its Mental Health Services Act Innovation funding to promote and support Crisis Respite Programming in Sacramento County. This initiative has completed its planning process and is currently in the first stages of development of an Request for Proposals (RFP). The RFP process has been led by a community collaborative made of consumers, family members, outpatient providers, health system partners and community based organizations. *(Attachment – 5d10)*