



PROJECT PROPOSAL: Mental Health Urgent Care Services for Tri-Valley Residents

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A Growing Need in Our Community

The need for mental health services in the Tri-Valley has increased dramatically in the last decade and has been further exacerbated by the COVID pandemic. A growing number of people are experiencing depression and anxiety, and the number of involuntary detentions for 72-hour psychiatric hospitalizations (5150s) continues to increase. Stanford HealthCare-ValleyCare's 2019 Community Health Needs Assessments identified behavioral health/mental health as the number one priority out of eleven health needs in the Tri-Valley. All three Tri-Valley school districts indicate growing concerns regarding student mental health issues, and local law enforcement agencies are recording growing numbers of psychiatric calls, which involve all ages, from children to seniors.

Limited Access to Immediate Treatment

Tri-Valley providers, including Axis Community Health, have responded to the increasing need for mental health services by expanding capacity for ongoing treatment. Yet, even with increased capacity, patients--particularly those who have not yet established care with a provider—frequently wait weeks for an appointment with a licensed therapist or psychiatrist. Families that have health insurance face a confusing array of options for services that requires an intake process and often results in placement on a waiting list for services. Uninsured patients have limited choices for services and, because service providers are overburdened, often face delays in accessing care. Patients and families are left with the choice of calling 911, utilizing an emergency room for immediate treatment, navigating a complicated delivery system, or waiting until an appointment with their provider is available. All of these choices are especially difficult in a crisis situation.

The inability to access assessment and treatment in a timely manner negatively impacts patients and those who care about them, including families and friends. The waiting period for assessment and treatment prolongs patient suffering and can exacerbate symptoms, leading to a more acute situation. Patients in distress arrive with increasing frequency at emergency rooms at Stanford Health Care – ValleyCare, Sutter Health, John Muir, Kaiser Permanente or Alameda County's John George Psychiatric

Hospital—either voluntarily or involuntary (5150). Local law enforcement agencies are often involved as well, both in situations that could be handled effectively with a mental health professional or in more concerning situations in which the patient is combative or potentially a risk to others.

Once assessed in an emergency department setting, a lack of community-based resources often results in a challenge in connecting the patient and family with non-emergency room assessment, treatment and care coordination. The result is a significant gap in accessing continuing behavioral health care services. Those who reach out for assistance from law enforcement face the difficult choice of being 5150'd or having to seek help via local medical and social service entities – which can be especially problematic for issues that arise outside of standard business hours. Families are often left with the difficult choice of having their loved one sent to John George Hospital in San Leandro for a 72-hour hold or trying to manage the situation on their own. This type of situation is especially concerning for youth that are experiencing a psychiatric emergency, as parents must choose to have their child placed on a psychiatric hold at a site in Oakland – which can be additional trauma for the child – or they must try to handle the situation with little or no professional assistance.

As these scenarios demonstrate, the behavioral health care system is fragmented and siloed, and services are not interconnected. Patients arrive at care entry points that may not have the capability of coordinating with other available resources. This makes transitions from provider-to-provider and/or care level-to-care level difficult for patients and their families. This is especially challenging when patients are released from 72-hour holds and are not given resources for continuing care. Additionally, there is not an effective system for connecting patients and their families to resources to help guide and support them in achieving wellness.

Current resources in the Tri-Valley include an array of private providers who are affiliated with local hospitals and health plans. Axis Community Health is the predominant provider of counseling services for low income and uninsured Tri-Valley residents. There are also several smaller nonprofit agencies that provide limited services. Most providers – both private as well as nonprofit – have full caseloads. There are three additional nonprofit organizations that provide some support services, however, they are not providers of direct services.

Proposal: Establishment of a Mental Health Urgent Care Center

In response to these substantial gaps in access to care and coordinated support, Axis proposes an innovative solution: the creation of a Mental Health Urgent Care Center. This center will be available to all members of the community, regardless of income or insurance status. Individuals and families with urgent mental health needs will be able to call for same-day appointments. During the COVID pandemic, services will be provided via telehealth; long term plans would include a walk-in access point as well. The center will serve as a central entry point for assessment, triage, treatment, and care coordination for anyone seeking mental health treatment, **regardless of insurance type or status**. Like a medical urgent care setting, Axis MH Urgent Care will provide assessment and timely connection to services--in a setting that is less costly than an emergency department.

The MH Urgent Care staff will include a care coordinator, a licensed therapist, and an on-call psychiatrist. The service will be under the direction of Axis's Chief of Behavioral Health Services, who is a licensed psychologist. Staff will utilize mental health screening tools, conduct bio-psychosocial diagnostic assessments and provide brief counseling and trauma treatment. Psychiatric care will be

provided via telehealth for patients that require medication management, and patients will be connected to an ongoing treatment provider that is appropriate to their needs. Like medical urgent care, staff will see patients with an immediate need, and assist in coordinating care that connects patients (and families) to ongoing care with a provider and behavioral health support resources.

Patients visiting the MH Urgent Care Center will be assessed to determine where their condition falls in the diagnostic range that includes: 1) mild to moderate, 2) moderate, or 3) severe. Typically, the majority of patients in a community setting are in the mild to moderate range. We anticipate that the majority of the patients that use the MH Urgent Care Center will be treatable at the site and/or via telehealth services. A small percentage (estimated at 5%) will require medication prior to being able to benefit from treatment. Under the guidance of the program's psychiatrist, these patients will be referred to higher levels of care.

Staff will have the ability to conduct assessments for patients presenting with suicidal ideation and will deescalate and avert 5150s when possible. Axis's behavioral health providers are experienced at intervening when suicidal thoughts are presented, and most often, following careful assessment and development of a safety plan, a 5150 can be avoided.

Many patients will require medication either right away or eventually. The psychiatrist will prescribe for patients enrolled in Medi-Cal plans; patients with other insurances will be referred to their providers for medication. Even for patients who are medication-resistant, which is frequently the case, a visit to the MH Urgent Care Center will help pave the way for such intervention in the future.

Axis proposes piloting the MH Urgent Care model utilizing a telehealth model as well as at its site at W. Las Positas Blvd. in Pleasanton. In the initial pilot, hours will be 3:00 pm to 8:00 pm, Monday – Friday, but could be expanded, dependent upon funding availability and community need. Services would be available for ages 5 and above, and available to individuals, couples and families. This service would be available to anyone in the community, regardless of insurance type or lack of insurance. The MH Urgent Care Center would provide an estimated 15 - 20 care coordination visits per week, and an estimated 15 - 20 counseling visits per week. An estimated 500 unique patients would be served in year one, based upon 20 patients per week with an average of 3 – 6 visits per patient over the course of several weeks as they get situated with a provider for longer term care.

A New Community Resource

During the planning phase, Axis will engage with key community agencies and organizations to get their input on developing and launching the MH Urgent Care Center. Once opened, Axis will publicize the MH Urgent Care Center throughout the community. In particular, Axis will outreach to community agencies and organizations that are frequently the first place a person having a mental or behavioral health difficulty contacts. These include: health providers, safety-net organizations, the faith community, NAMI, police departments, school personnel, and city personnel. Axis routinely receives calls from many of these entities seeking information on how to best assist individuals who contact them for help. An Axis MH Urgent Care Center would be the appropriate resource for all such inquiries.

Key Benefits of the MH Urgent Care Center

Axis believes strongly that this new model of access could have significant benefits for patients and the health care system. Positive outcomes will include:

- Reducing the number of emergency room visits for mental health needs
- Reducing the number of calls for assistance from law enforcement
- Reducing the number of involuntary psychiatric holds (5150s)
- Increasing willingness of individuals to access treatment because the burden of cost will be removed
- Increasing willingness of individuals to access treatment because the Care Coordinator will assist with connections to other needed resources
- Decreasing the amount of time individuals with a mental health need wait to access treatment
- Reducing stigma associated with accessing mental health care by providing mental health urgent care in a model that is similar to the medical urgent care model
- Reducing stigma by integrating MH Urgent Care Center services alongside other services at the Axis health center

Axis welcomes the opportunity to bring this bold, innovative MH Urgent Care Center service to our community. Given our mission of providing community health care and our non-profit status, Axis is uniquely positioned to address this gap in access to treatment. We believe partnering with Tri-Valley health entities seeking to effectuate a true advancement in access to mental health services by utilizing community benefit and other resources is a forward-thinking approach to the problem of immediate treatment for urgent mental health needs.

Proposed Project Timeline

Months 1 – 3

- Meet with key community agencies/organizations for input
- Recruit and hire staff for the MH Urgent Care Center Pilot Project (Licensed Therapist, Care Coordinator)
- Engage telehealth psychiatric services
- Prepare policies and procedures for MH Urgent Care
- Prepare facility space for MH Urgent Care (Axis has existing space at its W. Las Positas Blvd. site which would be activated once COVID restrictions allow))
- Prepare and disseminate outreach materials for the MH Urgent Care Center in the community

Month 4

- Open MH Urgent Care Center (telehealth services only pending re-opening of site based services, estimated late 2021)

Month 10 – 11

- Complete pilot evaluation, to include analysis of patient data, patient outcomes and demand for services)

Month 12

- Explore option to increase service availability via additional staff and/or hours

Project Budget Year 1

Personnel

Licensed therapist (LCSW/PsyD) 0.75 FTE @ \$48.00/hour	74,880
Care coordinator (1.0 FTE @ 30.00/hour)	62,400
Clinical supervision (0.05 FTE @ 52.00/hour)	5,408
<i>Sub total personnel</i>	<i>142,688</i>
Fringe benefits @ 24%	34,245
<i>Total personnel</i>	<i>176,933</i>

Operating expenses

Psychiatrist (on call consultant/ 8 hours/week)	70,000
Marketing activities and materials	5,000
Project administration/overhead (10% of project costs)	25,193

Total project/year 1 **277,126 ***

* Additional support from the cities of Pleasanton and Livermore will be sought

Axis Community Health

Organizational Description

Axis Community Health is a nonprofit community organization that provides a wide range of medical, dental, behavioral health and supportive services for the residents of the Tri-Valley area. Axis is a designated Federally Qualified Health Center. Axis's services include:

- Adult, pediatric and geriatric medical care
- Obstetrics, gynecology and family planning
- Mental health counseling/Integrated behavioral health
- Dental services
- Acupuncture
- Chiropractic care
- WIC nutrition services
- Community and school-based health education services

Axis employs a staff of 175, which includes physicians, nurse practitioners, mental health professionals, dentists, a chiropractor and an acupuncturist, registered nurses, registered dietitians, and support personnel. Axis's staff is multi-lingual and provides services in more than 15 languages. To ensure that services are provided in a culturally-sensitive manner, Axis's staff is representative of a variety of cultures and backgrounds. Axis's Board of Directors maintains a consumer majority and is representative of the community.

Axis provides services at five locations in the Tri-Valley. Axis's main site is on Las Positas Boulevard in Pleasanton, where medical services and integrated mental health are provided. The site also features enrollment services, dietician services, and a Quest laboratory draw station. Administrative offices are also at this site. Axis has a second clinic site in Pleasanton on Railroad Avenue. Services at this site include integrated behavioral health care, acupuncture, chiropractic care, and primary care medicine. A third clinic site is located in the City of Livermore's Multi-Service Building, where medical care, integrated behavioral health and enrollment services are provided. Axis's WIC nutrition program is located on Santa Rita Road in Pleasanton. Axis provides dental services and integrated behavioral health care at a fifth site, located on Regional Street in Dublin.

Axis's budget for fiscal year 20/21 is \$22 million. Funding comes from a variety of sources, including local, county and state contracts, federal FQHC support, foundation grants, community donations, and patient and client revenues, including Medi-Cal and Medicare. In 2019, Axis was one of 32 health centers in the nation to be designated as a National Quality Leader by the U.S. Department of Health/HRSA.

Axis targets its services to the low and moderate-income residents of the Tri-Valley area of Alameda County, which also includes southern Contra Costa County. Axis serves more than 14,000 people annually and provides more than 100,000 visits each year across all services. 72% of Axis's patients have a family income that is less than the federal poverty rate. An additional 22% of patients have a family income that is between 101 and 200% of poverty. 60% of patients are non-English speaking, with Spanish being the predominant language. 43% of patients reside in Livermore, 20% live in Pleasanton and 16% live in Dublin. 10% of Axis's patients reside in southern Contra Costa County, and the remaining 10% live in surrounding areas. 22% of Axis's patients are children and teens.