San Mateo County
Health System

Agenda Item No. 5.A.
Board of Directors Meeting
Date 4-4-12

January 5, 2012

Lee Michelson, Chief Executive Officer
Sequoia Healthcare District
525 Veterans Blvd.
Redwood City, CA 94063

Dear Mr. Michelson:

Thank you for all of your assistance in the past months facilitating a number of discussions about the future of the San Mateo Mental Health Assessment and Referral Team (SMART) program operated by American Medical Response through a contract with the County. We are writing now to request your Board's consideration of a contribution to SMART in the next Fiscal Year. We are requesting funding of ~~$77,000~~ for the next fiscal year 2012 – 2013 commencing in July.
$60,000

As you know, the SMART program is a key element of the system of care for people with mental illness and drug and alcohol problems. The program is designed to connect people who are identified through the 911 emergency system with appropriate help for their urgent behavioral health needs. SMART is a critical tool for local law enforcement, other field based personnel, and families in crisis. As testament to this support, the San Mateo County Police Chiefs' and Sheriff's Association have contributed directly to the program for the last two years, and continue to help raise funds for it. Without SMART, people with mental illness would end up needlessly incarcerated or hospitalized. We greatly appreciate the Sequoia Healthcare District's past support of the program, and your continued effort to generate broader interest in the program. Your financial assistance allowed the SMART program to maintain 12 hours a day, 7 days a week staffing last year so they could respond to over 650 people in need. More than 34% of the response was directed to residents of the Sequoia Health Care District.

Your visit with our staff and the AMR SMART Team, as well as Kim Griffin's and Jerry Shefren's suggestions provided invaluable feedback that we are using as we develop the long term strategy for the program's sustainability. We believe the attached proposal reflects our careful consideration of your suggestions. Once funding is secure for fiscal year 2012 – 2013, AMR and the County will offer the SMART training program to additional paramedics to insure the program's staffing needs are met. We will also be connecting the SMART program to the Health System's electronic medical records so that SMART paramedics have immediate access to information that will help them provide the most appropriate treatment options for the people they serve.

Thank you for your consideration of our proposal at your February meeting. Please let me know if there is additional information you need. I can be reached at (650) 573-2532.

Sincerely,

Louise F. Rogers
Deputy Chief

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Applicant Information

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Request: $60,000

Project Information

This is a repeat request for funding for the San Mateo County Mental Health Assessment and Referral Team (SMART). The project is primarily focused on mental health and substance abuse but also addresses medical conditions and other disabilities.

Statement of Need

We are seeking funding to support the San Mateo County Mental Health Assessment and Referral Team (SMART) operated by American Medical Response (AMR), which offers specialized treatment and transportation options for people experiencing behavioral health emergencies. SMART benefits San Mateo County residents by responding appropriately to people in crisis and making sure they get the most appropriate care possible. The program has been in existence since 2005, and now operates 12 hours per day, 7 days a week, responding to an average of 650 behavioral health emergencies a year. Since inception of the program, 4,254 San Mateo County residents have been served. Only 373 (8.8%) patients have used the program more than once. More than 34% of the responses have been directed to Sequoia Health Care District residents. The rest of the response is directed proportionally to the other regions of the County.

Significant progress has been made in the last five years. Since 2006, the County Health System has used Mental Health Services Act funding to invest in more than 200 intensive case management slots for people with serious mental illness. This effort has significantly reduced hospitalization (82%), incarceration (96%), and homelessness (88%) for enrollees. Between 2008 and 2010, the number of code 2 (without lights and siren) behavioral emergencies eligible for SMART response decreased 30% from 1860 to 1308, suggesting that some of the strategies for preventing such emergencies were working.

Prior to the inception of the SMART program, people perceived by law enforcement to be experiencing behavioral health emergencies, were placed on

an involuntary psychiatric hold for up to 72 hours and transported by ambulance to a psychiatric emergency department. This was a costly response that in many cases was billed to the patient due to lack of insurance. Currently a SMART response costs $574 compared to an ambulance ride that costs $1746. Prior to SMART, patients not meeting criteria for an involuntary psychiatric hold (5150) would be sent to the nearest emergency department (ED) incurring an unnecessary visit that could cost $1,000 or more. Because transportation to the ED occurred either by ambulance or police car, this response could actually escalate a situation and exacerbate the person's symptoms increasing the risk of harm to themselves and others. Those transported by law enforcement would be taken to jail. Since SMART was implemented at least 18% of patients seen are either not transported after evaluation and intervention in the field, or they are transported to an appropriate service/housing provider.

Project Summary:

The SMART program introduced three improvements intended to benefit people experiencing behavioral health emergencies that do not require an ambulance response: 1) SMART paramedics are specially trained to respond to psychiatric emergencies; 2) use of a secure, but less threatening, sport utility vehicle for transportation with the client seated and seat belted instead of supine and strapped on a gurney; 3) access by the SMART paramedics to a SMART clinician, a mental health professional based in the Health System's Behavioral Health and Recovery Services (BHRS) who can offer resources that might be used as an alternative care solution.

The SMART program is a key element in a collaborative response designed to help people experiencing behavioral health emergencies receive appropriate care and avoid unnecessary hospitalization and incarceration. SMART paramedics have the knowledge and skill to assess the client both medically and psychiatrically and to determine if there are options for disposition other than involuntary hospitalization or jail. These important options include: shelter services, referral to drug and alcohol treatment, an appointment with their mental health or health care provider, voluntary transportation to psychiatric emergency services and at times, transportation back to family or their own home.

The SMART paramedics receive over 110 hours of additional training designed to prepare them to evaluate people experiencing behavioral health emergencies. The SMART paramedic's high degree of experience and training is essential because they must be able to identify both medical and developmental conditions that cause an altered level of consciousness, symptoms which are easily confused with mental illness but require a different medical response. They are also able to provide medical clearance for a person whose medical status is unclear. Without SMART, there would be more inappropriate medical admissions to hospitals. The two case profiles at the end of this proposal illustrate some of

the issues that may be involved in a SMART intervention and the value added by having a specially trained paramedic.

An important partner in the SMART program is the law enforcement community. Today approximately 300 law enforcement officers throughout the County who have participated in Crisis Intervention Training, have also been trained on how to use the SMART program as a resource. This advanced training allows the police to refrain from writing a 5150 hold until the SMART paramedic evaluates the situation. Once a 5150 hold is written, it can only be released by a psychiatrist, which means a visit to a psychiatric emergency service department. Without SMART, there would be more 5150's written by police and more inappropriate psychiatric admissions. Numerous law enforcement officers have stated that without this support, they would be more likely to send people to the hospital or jail.

Representatives of the SMART program participate in monthly Field Crisis Team meetings led by BHRS. This allows for a collaborative and confidential communication between local police, Aging and Adult Services, Human Services, and the District Attorney to problem-solve and develop plans for particular individuals who appear to be reaching a crisis point. The meeting facilitates a coordinated approach in addressing the patients behavioral, social, and basic human needs. Family members and others now know to ask for the SMART vehicle when they call 911 regarding a behavioral health emergency. Family members have told us that without SMART, they will be less likely to call 911 out of fear of police involvement with their family member. This delay can cause a difficult situation to spiral into a crisis. SMART works with San Mateo Medical Center's Psychiatric Emergency Services and many other providers who offer behavioral health resources to those with an identified need.

Many patients, who are served by the SMART program, have long term mental health and substance abuse issues but do not have insurance, preventing them from accessing important resources that can help them over time. SMART patients who are transported to the San Mateo Medical Center's Psychiatric Emergency Services meet with health advocates who work to get the patient enrolled as a County patient and get them public insurance. The ability of the SMART program to better understand the needs of the people they serve and respond appropriately will soon be enhanced with access to the patient's electronic medical record when they become a County patient. This will provide the SMART paramedic with access to information about the patient's treatment plan and how to connect them appropriately with San Mateo County services.

The Health System recognizes that SMART is just one element of many that have to be in place for a system of care to successfully meet patients behavioral health care needs and keep appropriate patients out of the hospitals and jail. SMART's ability to direct people into appropriate alternatives depends on the availability of those alternatives. The Health System is committed to continuing to

advance a full spectrum of solutions and has been working actively with the following partners to identify all the strategies and alternatives that will help us improve the system of care for people with behavioral health problems: Police Chiefs' and Sheriff's Association, the Sheriff's Office, Probation, family advocates, the District Attorney, Private Defender, Human Services and other providers. These SMART program partners have consistently supported SMART as a key element in the care of this unique patient population but have also yielded additional ideas to improve the overall system of care that the Health System will explore as possibilities for the future.

Description of Clients:

The client histories we have attached to this proposal are a good account of the variety of problem-solving and assistance required by SMART clients. At the current staffing level, SMART responds to an average of 650 behavioral health emergencies a year. Since inception of the program, 4,254 San Mateo County residents have been served. Only 373 (8.8%) patients have used the program more than once. The majority (83%) of patients are adolescents and adults ages 15 to 64. **Sequoia Healthcare District Residents:** More than 34% of the responses have been directed to Sequoia Healthcare District residents. The rest of the response is directed proportionally to the other regions of the County. Approximately 1,446 Sequoia District residents have been served since inception of the program, and more than 200 District residents are served each year. **Assurance regarding funding:** Our request is less than 34% of the total annual cost of the program so that we can assure that District funds will only be used for District residents.

Description of the SMART Goals and Objectives

The goal of the SMART program is to provide the most appropriate care to clients with behavioral health emergencies.

The objectives are to:

- Determine if there are medical conditions that may be associated with the client's behavior.
- Provide a skilled and caring evaluation of the client and his or her current situation.
- Utilize all available tools, including the electronic record to determine referral options.
- Provide accurate documentation of the assessment and care provided to the client including evaluation by the SMART paramedic.
- Accurately document the mental health assessment when an involuntary 5150 hold is necessary.
- Decrease the number of unnecessary involuntary 5150 holds.
- Identify and refer appropriate clients to services that most efficiently meet their needs.
- Help law enforcement offices continue to develop their awareness, knowledge, and interventional skills learned in Crisis Intervention Training.

- Allow law enforcement officers to return to service in a timely manner.
- Provide cost savings through SMART transport, reducing unnecessary ED and psychiatric evaluations, hospitalizations, and incarcerations.

Intended Outcomes

The intended outcomes associated with the SMART program are to:

- Provide SMART services to at least two thirds of the clients presenting to law enforcement officers with non-emergent behavioral emergencies. This is based on a service provided 12 hours a day, 7 days a week. In 2010, SMART was able to respond to 650 calls representing 50% of the eligible calls.
- Increase the percent of clients that can be diverted from the psychiatric emergency departments into more appropriate care.

The outcomes will be evaluated using the Paramedic Assessment Record (PAR) database and the Computerized Automated Dispatch (CAD) reported at regular intervals to EMS.

Staffing

Staffing is provided by specially trained paramedics employed by American Medical Response. Oversight and coordination is provided by San Mateo County Behavior Health and Recovery Services (BHRS) and the San Mateo County Emergency Medical Services (EMS) Agency.

SMART Training Program

The SMART paramedic is selected for his or her experience as a paramedic (a minimum of two years is required) and is then scheduled for Crisis Intervention Training (CIT). This 32 hour class was initially developed for law enforcement officers and is designed to increase their awareness, knowledge, and interventional skills regarding individuals challenged with mental illness. After the CIT program, AMR, EMS, and the BHRS SMART Clinician interview the paramedic to evaluate their level of maturity and interest in this challenging specialty area. Those paramedics who are selected continue with the next phase of their education, which is tailored specifically for each paramedic, based on their initial education. In addition to the initial 32 hour CIT class, the SMART training program involves approximately 80 hours of classroom, clinical exposure, and experience riding with an experienced SMART paramedic. Each SMART paramedic completing this specialized training is well prepared to evaluate patients medically, as well as, determine if patients need care in a clinical setting or can be diverted to other resources, such as drug and alcohol counseling, shelter services, their private physician or other county services. There is a waiting list of paramedics who have completed the first phase of their education. The cost of this intensive education is approximately $9,000 per paramedic making it expensive to carry out for all but the select group who will staff the SMART vehicle.

Funding Request
We are applying for $60,000 for the FY 12-13. This is 16% of the total cost of the program. Additional funding sources for the program, which will have a total annual cost of $373,440 for FY 12-13, include the Peninsula Health Care District, San Mateo County, SMC Health System's Behavioral Health and Recovery Services (Mental Health Services Act and Realignment), and the San Mateo County Police Chiefs' and Sheriff's Association.

Erosion of federal, state, and local funding leads us to anticipate continued instability in the funding of the SMART program for the next 2-3 years. However we are actively exploring opportunities to collaborate with other payers to help sustain the program through this period. In the next few months, we will be able to confirm whether or not Medi-Cal claiming for outreach and transportation is a viable option for some of the funding. After the next 2-3 years, we are hopeful that our economically driven revenues will pick up again and that health care reform will be favorable. We are also exploring the possibility of generating revenue for the services provided through closer association of the SMART program with BHRS for clients who have some health insurance coverage.

Implementation Timeline
The program is currently operating and the request is for funding that will allow the program to continue to operate July 2012 through June 2013.

Attachment

Two Case Histories As Reported By the SMART Paramedics
Client #1:

The SMART unit responded to a private aviation office at SFO. A young man had wandered in and sat down to rest. The office staff was confused and concerned because the young man looked out of place. The office staff called the police department who accessed the SMART team. The SMART paramedic assessed the young man learning that he had autism and had been to a job fair. He had gotten on the wrong bus to get home. He had gotten off the bus and started walking in the direction he thought was towards home. He was very pleasant but confused as to why the police were there and how he could get home. The officers stated that if SMART had not been available, they would have had to place the young man on a 5150 and take him to a psychiatric emergency department. The SMART medic worked with the law enforcement officers to make sure the client got on the correct bus home, gave him his cell phone number, and made him promise to call when he got home. The officers got him on the correct bus. About an hour and a half later the SMART medic received a call from the client's mother who told him he had indeed arrived home safe.

Client #2

The SMART medic responded to a request from the police department to evaluate an 83 year old woman who had told a friend over the phone that she wanted to die. After talking to the client the police felt that she didn't need an involuntary 5150 hold, but they were left without a plan for what to do for this obviously distraught woman. Before the inception of the SMART program, an involuntary 5150 hold and a trip to the psychiatric emergency services was the only way the police knew to get this type of person access to services.

When the SMART paramedic met the client, she was very upset. The client had been having a bad year. Her best friend had recently died, and she felt that a contractor had conned her out of some money on a project rebuilding her porch. She was faced with credit card debt and was going to try to get a job to repay. The client's home was falling apart. Her kitchen appliances were from the 1950's. Sections of her ceilings and walls were missing. She had exposed electrical wiring all over the house. Her carpeting was old and threadbare and two days prior her roof had started leaking.

The client had been holding on to the hope, that if she could somehow make it to the New Year (two days away), things would get better. She would be able to get a job, pay off her credit cards, and improve some things around her home. The leaking roof was the straw that broke the camel's back. She talked to a friend across the country, saying that "she was at the end of her rope, and wished she were dead". Her friend feared the worse and called the police department and had them do a welfare check on the woman. In talking with the woman, the SMART paramedic learned that the client was very frustrated, but not suicidal. After some research, he contacted San Mateo County Aging and Adult Services. They felt the client would benefit from a reverse mortgage in order to generate some income. The woman owned her home outright, and had no relatives other than an older brother in Vermont. A reverse mortgage would provide money for home repairs, allow her to upgrade her appliances, and pay off her credit card debts. Aging and Adult Services said that they would follow up with the client within the next two days and start the process. The client was very pleased and hopeful that her New Year was going to be much better than the last.