

Date: 4/6/15

County: San Francisco County

Work Plan #: INN-17

Work Plan Name: Hummingbird Place Peer Respite

A. Purpose of Proposed Innovation Project (check all that apply)

- Increase access to underserved groups
- ✓ **Increase the quality of services, including better outcomes**
- Promote interagency collaboration
- Increase access to services

Briefly explain the reason for selecting the above purpose.

Individuals experiencing a mental health crisis in San Francisco too often end up using crisis or psychiatric emergency services (PES). PES services in San Francisco are frequently overburdened resulting in limited access and long wait times. For many mental health service users, crisis and psychiatric emergency services are undesirable and can even exacerbate psychiatric symptoms.

A lack of alternatives to crisis/PES results in a variety of negative outcomes including avoidable costs to the health care system. PES services generally have little success engaging individuals in recovery work and/or linking individuals with outpatient or other needed care. In too many cases, individuals repeatedly access PES services, yet the system fails to successfully treat or adequately engage these individuals.

Many of these individuals would be better served and likely experience better outcomes if served by the Peer Respite project described below.

B. Community Program Planning and Local Review Process

Provide a description of the CPP, including methods for obtaining stakeholder input, identify stakeholder entities involved and list dates of 30 day posting and well as substantive comments received.

In 2014, Mayor Edwin M. Lee convened the CARES (Contact, Assess, Recover and Ensure Success) Task Force, a broad range of community stakeholders co-chaired by Jo Robinson, SFDPH Director of Community Behavioral Health Services, and Lani Kent, Mayor Edwin M. Lee's Senior Health Advisor. The Task Force, including providers and consumers of behavioral health services, was charged with developing policy and programmatic recommendations designed to better engage and maintain in appropriate behavioral health treatment severely mentally ill, and often dually diagnosed, adults that current programs have failed to successfully treat or adequately engage. The CARES Task Force met four times between March 2014 and May 2014.

The Peer Respite was one of the key recommendations coming out of the Task Force.

MHSA convened a Planning Committee to develop a model for the new Peer Respite. The Planning Committee met eight times between September 2014 and January 2015. The planning Committee, made up primarily of consumers and peer staff, included 19 people. In addition to committee meetings, members of the Planning Committee attended the following stakeholder group meetings to solicit input and feedback of the emerging respite model.

Additionally, the Peer Respite proposal was discussed at the following meetings

- SFDPH Behavioral Health Services Client Council - Jan 20th, 2015
- MHSA Advisory Committee – December 17th, 2014 and June 17th, 2015
- MHSA Providers Meeting

The final model for the respite is reflected in this plan. This plan was posted for public comment from June 18th, 2015 – July 16th, 2015

The Public Hearing for the Mental Health Board was held July 15th, 2015.

The Board of Supervisors resolution in support of this proposal, dated XX is attached.

C. Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards

The Hummingbird Place will be a peer-designed and managed Respite. The Respite will provide a safe space that offers connection and breathing room to those in need of a healing refuge and new direction on their path towards wellness.

Hummingbird Place will provide a less restrictive setting for those needing alternatives to hospitalization. Under our model, staff with lived experience will work with service providers in the community to divert eligible participants from emergency settings. In addition, the Respite can take in individuals exiting the hospital that may need extra support rejoining the community.

The Peer Respite will be located on the grounds of San Francisco General Hospital on the first floor of the three-story Behavioral Health Center (BHC). The second and third floors of the BHC house two residential programs. Although located a few buildings over from Psychiatric Emergency Services and Inpatient Units, the space has a non-institutional home like environment where guests are welcome to have a respite from the stressors that overwhelm their daily lives. The space has a large open layout with a dedicated backyard space, lots of natural light, a large living room, homey bedding, and art created by peers. The space has the capacity to serve up to 20 individuals (depending on staffing ratios and acuity of those needing services).

After an initial phase of being open only during day-time hours (10am-6pm), Hummingbird Place is expected to be open 24/7 with beds for four overnight guests for stays of up to 14 days. Programming run by Peer Counselors will be available daily from 11:00am to 9:00pm. Certified Nursing Assistants will be on site to supervise overnight

stays. The Respite is not designed a housing alternative but will be used on a temporary basis for guests requiring additional support to avoid hospitalization or facilitate their successful return to the community.

As mentioned above, the Peer Respite will use people with lived experience as the foundation. By modeling and educating guests on the principles of Wellness and Recovery, guests will have an opportunity to move away from the hospital as their default solution for psychiatric distress. Both individual and group counseling will be available. The groups held at the Peer Respite are launching points for education and engagement in community services. By participating WRAP, Stress reduction, One to One counseling, art therapy, music, yoga, gardening and food preparation, guests learn new tools for living outside a controlled environment. In addition, the Peer Respite has plenty of space for quiet time, one to one counseling, and/or positive social interaction.

Peer staff will work closely with case managers and other service providers to identify those that would benefit from the Respite as an alternative to crisis or PES. Potential guests will be identified by staff at partnering sites including Intensive Case Management, Full Service Partnerships, Inpatient Psychiatry and Psychiatric Emergency Services. Peer Counselors will screen guests for a good fit with Peer Respite criteria and requirements. Once screened, guests will enter into the Peer Respite for day and/or overnight use. The Peer Respite is a voluntary program with minimal paperwork.

If this project is successful, the primary outcomes will be:

- The development of a successful Psychiatric Peer Respite in San Francisco.
- A decrease in utilization of crisis and psychiatric emergency services.
- An increase in client engagement in alternatives to hospitalizations.

Title 9 General Standards

- Community Collaboration:** The Peer respite will work in partnership with mental health clinic staff both at civil service and community clinics, the SFDPH executive and operation teams, the UCSF Department of Psychiatry, building contractors, and clients/consumers. Examples of other anticipated community collaborators include:
 - o Civil Service clinics
 - o The San Francisco General Wellness Center
 - o Community based Full Service Partnerships
 - o The San Francisco Mental Health Association
 - o The RAMS Office of Self Help
 - o The AAIMS Project
 - o The HOT(Homeless Outreach) Team
 - o Project Open Hand
- Cultural Competence:** The Peers hired to staff Hummingbird Place will reflect the clients whom they serve, and will have diverse backgrounds and linguistic capacity.
- Client Driven Mental Health System:** The daily activities of the Peer Respite will be driven by the guests of the facility. The activities include: WRAP, Stress reduction, One to One counseling, art therapy, music, yoga, gardening and food preparation, Dual Recovery Anonymous.

- **Family-driven Mental Health System:** The Peer respite is a client, family, and community-driven program. The Peer Respite will embrace the idea that families are involved and often integral in the health and wellness of consumers. Families will be able to stay in touch with their loved ones during their stay at the Respite - a relief for those who may have experienced little communication with their loved ones while hospitalized.
- **Wellness, Recovery and Resilience focus:** By empowering consumers in the decision making process of the day-to-day activities of the respite, the guests will build internal skills. They will participate in their recovery by building self-reliance. In addition, the guests will learn to trust their own skills and abilities as part of a resilience focus.
- **Integrated Service Experience:** At the Peer respite, the guests will have an integrated service experience including natural supports, case managers, friends, family, and a community of peers.

D. Target Population

San Francisco residents with a history of mental illness who use, or are at risk of needing, crisis/PES. These individuals may be pre-contemplative regarding their recovery or hard to engage. During the early stages of the project, we will serve individuals currently engaged in case management services. Guests will also need to have housing or a stable living situation to which they will return after visiting the respite.

E. Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts.

While there are a variety of Peer Respite Programs in the country, many questions remain regarding the impact, outcomes and what elements in particular make them successful. Our primary learning questions are listed below.

1. What are the characteristics that make a Peer-driven Respite Center (PRC) in San Francisco successful?

- a. Identify effective implementation practices for a PRC
- b. Identify effective peer support strategies
- c. Identify which program activities were preferred, disliked, suggested by the consumers
- d. How do consumers respond to the physical characteristics of the PRC?
 - i. What about the PRC being located on hospital grounds?
 - ii. Layout of the PRC
- e. Obtain consumer & staff feedback to improve the PRC?
 - i. Assess consumer feedback on language capacity of peer staff
- f. Monitor patient demographics, and history of service use, incarceration, SU, program involvement, etc.
- g. Monitor consumers' stays at the PRC
 - i. # of guests, # of days/nights, participation in activities

- ii. Obtain consumer feedback

2. How does the PRC impact consumer utilization of high cost, high levels of services?

- a. Examine longitudinal utilization rates of emergency psychiatric visits
 - i. Assess by race/ethnicity, gender, age

3. What does the PRC add to the existing behavioral health system of care?

- a. Explore the impact of peer counselors on consumers' wellness
 - i. What type of skills will consumers build? Resiliency?
 - ii. Assess consumer level of engagement
 - iii. Assess consumer recovery
- b. Monitor consumer wellness after discharge from PRC?
 - i. Did they link up with community-based services? What type of services where they?
- c. Monitor referrals (source, how many, admissions, where are they not coming from, etc.)

4. How does a PRC support staff's overall wellness?

- a. Does it increase their level of hope? Recovery?
- b. Assess level of team's collaboration/communication
- c. Obtain staff (peer counselors and CNA) feedback

F. Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

The Project will collect sign-in sheets, outreach logs, intake forms, and exit forms to document client participation. In addition, the project will conduct participant satisfaction surveys to capture overall guest satisfaction and interviews (or focus groups) with guests and staff separately to capture each group's experience in the Peer Respite program. The project will seek to out which practices guests participate in and which have the best outcomes. For example, a participant may really like art but we may find the participants are more successful if they participate in WRAP or vice versa. We will also seek to identify which qualities of the SF peer respite lead to better outcomes: Is it the space, the ratio of clinicians to peer staff, the selection of activities? These are all important questions to help expand our understanding of a peer respite model in the system of care and as future consideration for any county interested in a Peer Respite.

G. Timeline

Phase I- Start Up and planning (8/1/2015-12/2015)

Program staff will spend the first three months of this project developing strong relationships with provider partners including Intensive Case Management, Full Service Partnerships, Inpatient Psychiatry, and Psychiatric Emergency Staff. We would also be setting up our evaluation process.

Phase II- Implementation (1/2016-12/2019)

In this phase of the project, the Peer Respite will be fully operational. Potential guests will be identified by staff at partnering sites. Peer Counselors will screen guests for a

good fit based on Peer Respite criteria and requirements. Once screened, guests will enter into the Peer Respite for day and/or overnight use. Programming will be available from 11:00am to 9:00 pm daily run by Peer Counselors. Both individual and group counseling will be available. Certified Nursing Assistants will be on site to supervise overnight stays.

Phase III – Reflection, evaluation, and dissemination (1/2019-6/2020)

In this phase, the qualitative evaluation gathered in implementation will be analyzed to determine the “best practices”. That information will then be communicated to stakeholder both outside and inside San Francisco County. There will also be provisions made for those who have been utilizing the services. This will include transfer to county funding or a warm handoff to existing community services.

H. Leveraging Resources

The Hummingbird Peer Respite will apply to be part of University of Southern California (USC) School of Social Work’s proposal to the Patient-Centered Outcomes Research Institute (PCORI) for the research study “Peer Involvement in Residential Hospital Diversion Models” in response to the PCORI funding announcement for “Improving Healthcare Systems.”

The Peer Respite will be leveraging resources from the SFBHC for building space, office supplies, electricity, recreational space, and community kitchen.

The Peer Respite will leverage general fund dollars to pay for Certified Nursing Assistants to cover some shifts and overnights for the guests.

The Peer Respite will leverage other existing Peer Programs for training, leadership, consultation and support.

I. Budget

Budget Narrative

The majority of spending for this project will go toward hiring 4.5 Peer Counselors at \$20/hr. to staff the Peer Respite. In addition, there will be two Lead Peer Counselors at \$25/hr. The Manager of the Overall Project will also be a Peer. To Operate the Peer Respite, purchases of Food, art supplies, bedding, furniture, and other items will be required to give the space a homelike, non-institutional feel. \$25,000 in Operating expenditures will be used for food. \$25,000 will go towards staff training and development, including support services to prevent burnout among the peer staff.

\$25,000 will be spent on evaluation each year with more leveraged from the UCSB partnership.

YEAR ONE BUDGET

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	361,640			
2. Operating Expenditures	65,000			
3. Non-recurring expenditures				
4. Training	25,000			
5. Work plan management	\$23,760			
6. Evaluation	25,000			
7. Total proposed work plan- Year 1 expenditures				
B. Revenues				
1. Existing revenues				
2. Additional revenues a. b.				
3. Total New Revenue				
4. Total Revenues				
C. Total funding requirements	<u>\$500,400</u>			

YEAR TWO BUDGET

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
D. Expenditures				
8. Personnel Expenditures	\$361,640			
9. Operating Expenditures	\$65,000			
10. Non-recurring expenditures				
11. Training	\$25,000			
12. Work plan management	\$23,760			
13. Evaluation	\$25,000			
14. Total proposed work plan- Year 1 expenditures				
E. Revenues				
3. Existing revenues				
4. Additional revenues a. b.				
3. Total New Revenue				
4. Total Revenues				
F. Total funding requirements	<u>\$500,400</u>			

YEAR THREE BUDGET

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
G. Expenditures				
15. Personnel Expenditures	\$361,640			
16. Operating Expenditures	\$65,000			
17. Non-recurring expenditures				
18. Training	\$25,000			
19. Work plan management	\$23,760			
20. Evaluation	\$25,000			
21. Total proposed work plan- Year 1 expenditures				
H. Revenues				
5. Existing revenues				
6. Additional revenues a. b.				
3. Total New Revenue				
4. Total Revenues				
I. Total funding requirements	<u>\$500,400</u>			

YEAR FOUR BUDGET

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
J. Expenditures				
22. Personnel Expenditures	\$361,640			
23. Operating Expenditures	\$65,000			
24. Non-recurring expenditures				
25. Training	\$25,000			
26. Work plan management	\$23,760			
27. Evaluation	\$25,000			
28. Total proposed work plan- Year 1 expenditures				
K. Revenues				
7. Existing revenues				
8. Additional revenues a. b.				
3. Total New Revenue				
4. Total Revenues				
L. Total funding requirements	<u>\$500,400</u>			