Continuum Case Conferencing for an Improved Behavioral Health System

EXECUTIVE SUMMARY
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alameda county care connect

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This report was prepared by Bright Research Group (BRG) on behalf of Alameda County Care Connect. AC Care Connect is committed to strengthening systems of care that work together to deliver consumer-centered care and to supporting high-need individuals (the people of Alameda County who face highly complex physical, behavioral, and social challenges) to achieve optimal independence and health.

Development of the Psychiatric Emergency Services (PES) Frequent Users Pilot and the Continuum Case Conferencing model was led by Care Connect staff members:
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INTRODUCTION

Frequent utilization of emergency mental health and crisis-response services is a symptom of deeper challenges within the care system, as well as unmet social needs. Consumers must do their best to navigate within the context of poverty, the toxic effects of chronic stress, exposure to trauma, and a dearth of social and economic supports. Alameda County Care Connect initiated the Psychiatric Emergency Services (PES) Frequent Utilizers Pilot to enable providers from different systems to work together to help consumers achieve optimal health.

The pilot convened monthly case conferences with a diverse group of providers from the Psychiatric Emergency System, County Health Care Service Agency, Case management agencies, outpatient clinics, crisis residential organizations, consumer and family advocates and more. Initially, the pilot program focused on the 49 consumers in Alameda County who had appeared at John George Psychiatric Emergency Services (PES) at least 10 times during the previous six months. It was eventually expanded to focus on a dynamic list of the top 700+ utilizers during the previous 12 months. The case-conference goals were twofold: 1) to understand and develop empathy for the consumer's experience across the care continuum; and 2) to illuminate system gaps to inform a more human-centered response to crisis care. Using the lessons learned from the PES Frequent Utilizers Pilot, this brief describes how to plan and execute a mental health system case conference using a care "continuum" approach.

A CONTINUUM APPROACH TO CASE CONFERENCING

The pilot's "continuum" case conferencing approach draws care and service providers out of their silos, fosters a sense of empathy for provider peers, creates a shared responsibility for the consumer's experience, and creates greater system insight into the policies and resources needed to address gaps in care. Each case conference in the PES Frequent Utilizers Pilot focuses on three key factors: 1) **Consumer Needs/Wants:** What are the "needs and wants" of these consumers and their family members/caregivers? What unmet needs or wants are contributing to crisis encounters? 2) **Consumer Behaviors:** What behavioral, medical, and social factors are contributing to psychiatric-emergency utilization behaviors? 3) **System Behaviors:** What system behaviors, protocols, workflows, or structures are contributing to or perpetuating the frequent utilization behavior of these consumers? What are the options for strengthening the system of care, removing barriers, and closing gaps?

LESSONS LEARNED

INCREASED UNDERSTANDING OF THE CONSUMER EXPERIENCE IN THE SYSTEM OF CARE

While each consumer's experience is unique, cases from the PES Frequent Utilizers Pilot continuum case conferences shared commonalities indicative of frequent-utilizer consumer experiences and provided insight into the system with regard to factors that drive utilization. Key learnings include:

Consumers voluntarily seek care at emergency rooms (psychiatric and medical) despite connection with other outpatient services

Consumers are motivated to seek care at emergency rooms for a variety of reasons. They may lack the health-literacy skills needed to navigate the care system and proactively access resources. Of consumers who frequently

utilized PES during the pilot period, over 90 percent of PES utilization took place outside of outpatient-clinic business hours. Consumers who've experienced a history of trauma or have experienced rejection due to substance use or erratic behavior can reliably receive care from familiar staff in an emergency setting. Chronically homeless consumers with untreated or unmanaged mental health conditions often present at PES voluntarily in search of basic needs, such as shelter and food, as it's open seven days a week and 24 hours a day.

The system of care does not have a standard practice of hearing from consumers and documenting their preferences in an actionable way

The continuum case conferences revealed that the existing workflow within the behavioral crisis system does not include asking consumers about what is most important to them, their wants and needs, or the nonbehavioral health needs that may lead people to repeatedly seek care at emergency departments. Consumer advocates reported that consumers want to be "in the loop" regarding their discharge planning, help drive the process, and have a say. Consumers often see medications as a temporary or surface-level fix and want to purse long-term healing. Many providers remain unaware of the consumer's self-identified needs, personal goals, or spiritual beliefs—information that could be used to support motivation and inform linkage to community or services.

Follow-up care needs to be better coordinated, and consumers need to be better supported after a mental health crisis

Consumers are often responsible for coordinating linkage, including transportation, between the crisis system and outpatient, community-based care—a difficult task for those who are in a disorganized mental, emotional, or financial state. Case managers are overburdened with case loads and do not have access to the information that they need to support their clients. Medications or symptoms can prevent consumers from developing skills and retaining knowledge to effectively manage their post-discharge follow-up care, while lengthy community-clinic intake processes can overwhelm someone recovering from a mental health crisis. Lastly, there is a need for additional disposition options—both residential and outpatient—to treat commonly co-occurring disorders, such as mental health, substance-use and trauma. In their absence, repeat emergency-services utilization will persist.

EXAMPLES OF HOW CONSUMER EXPERIENCE INFORMED SYSTEM IMPROVEMENTS

The process of continuum case conferencing during the PES Frequent Utilizers Pilot illuminated several gaps and challenges in the system of care. Once these problems were identified, Alameda County Care Connect and Alameda County Behavioral Health implemented a number of changes to address these gaps.

Updated Discharge Protocols: To increase the likelihood of consumers receiving post-discharge follow-up support, John George PES social workers are now focused on ensuring that consumers are discharged to a care location that can take walk-ins or to the care of a case manager.

Telephonic and In-person Follow-up after Psychiatric-Emergency-Room Visits: To assist consumers with stabilization and connection to follow-up outpatient care, Alameda County is launching two programs that

offer post-discharge outreach within 24–48 hours after a psychiatric-emergency encounter. The Crisis Connect program offers a telephonic follow-up after all psychiatric-emergency encounters to assess for crisis and connect consumers to resources, with a focus on developing a person-centered plan for meeting follow-up needs. The Friendly Faces program offers in-person follow-up for individuals who do not have telephones.

Community-Based Assessments and Disposition Planning: A variety of mobile crisis team programs were also developed to offer community-based crisis intervention, assessment, medical clearance, and disposition options. Mobile crisis teams aim to stabilize consumers in the field, and assess their risk to offer the best possible path to receive care and reduce incidents of unnecessary emergency department visits.

IMPACT ON THE PROVIDER EXPERIENCE

The process of coming together as a group to focus on a shared case made a positive impression on attendees of continuum case conferences. The attendees report feeling increased empathy for consumers. Having a sense of what has been tried by others and what has worked (or not) also better prepares attendees to counsel or support the consumer. The providers also report a sense of camaraderie outside of their immediate care silo, stating that they "don't feel alone" in working on these problems, and that it makes them feel "hopeful" to know that others are working to change the system. They also appreciate having different viewpoints and information at the table. One describes the process of looking at consumers from different perspectives as "a puzzle that's becoming more complete." Continuum case conferencing offers a more whole-person perspective. For example, emergency-department personnel get to hear from social-service providers about what consumers are like when they are stable (not in crisis), including what consumers want for themselves in the long term.

BRINGING A HUMAN PERSPECTIVE TO THE SYSTEM EXPERIENCE

The prevailing perception prior to continuum case conferencing was that access to preventative care and social services/supports is the way to prevent crisis episodes. While this is generally true, continuum case conferencing revealed that it is not as simple as just offering more resources. There is a human driver of crisis-care-seeking behavior. Individuals who repeatedly seek care at PES were found to often be seeking easily accessible care in a setting that is familiar, consistent, and nurturing (offering food, a place to sit, a safe spot in which to sleep). The system must create an equivalent care and service experience in settings designed to better meet consumers' immediate and long-terms needs. Continuum case conferencing with a diverse array of providers, leaders, and advocates has proven to be an effective first step toward this aim and can help establish future strategy and policy agendas.

Please review the complete version of the brief for detailed descriptions of the key attendees in a "continuum" case conference, sample agendas, tips for advanced preparation, and examples of consumer cases that were discussed at these multi-disciplinary tables.