



Regional Partnership Catalyst Grant Program Summary Form

Regional Partnership Name:
Tri-County Behavioral Health Engagement (TRIBE)
Program Focus (Diabetes or Behavioral Health Crisis Services):
<i>Behavioral Health Crisis Services</i>
Participating Hospitals (add rows as needed):
1. TidalHealth Peninsula Regional
2. Atlantic General Hospital
Community Partners (add rows as needed):
1. Lower Shore Clinic
2. Resource Recovery Center
3. National Alliance for the Mentally Ill (NAMI)
4. Sante Mobile Crisis
5. Life Crisis Center
6. Chesapeake Health Care
7. Wicomico County Health Department
8. Somerset County Health Department
9. Worcester County Health Department
Program Summary:
<p><u>Program Description</u> <i>TidalHealth Peninsula Regional Hospital and Atlantic General Hospital (AGH), in collaboration with identified community partners in the tri-county area of Wicomico, Worcester and Somerset Counties, will adapt the evidence-based practice established by Crisis Now to address gaps in the behavioral health infrastructure by creating a crisis stabilization center(s) and working to centralize the 3 counties response to individuals in behavioral health crises. The joint crisis stabilization program will essentially serve as a Behavioral Health Urgent Care Center(s) that will provide 23-hour crisis stabilization as an alternative to emergency department and psychiatric hospitalization admission by providing 23-hour crisis respite, observation and intervention in a community setting(s). The program will consist of a primary site which will be operational 24/7 and a satellite</i></p>

site will be in available Mon-Friday 8a-6p. The primary site will be a safe, home-like environment and the program will seek to relieve immediate crisis symptoms, provide observation, determine level of care and deflect from unnecessary higher levels of care. Law enforcement and EMS may be able to transport patients to the center, if allowable by state regulations. Individuals will be triaged, linked with peer support, offered brief crisis counseling, medication management services to include psychiatric and substance abuse as appropriate, care navigation and coordination for social determinant of health needs and linked with follow up care and services with community providers the next day or same day. Individuals will be followed for 5 days and/or until the follow-up appointment/warm-handoff with their community behavioral health provider is completed. Part of the service offering can be completed via telehealth as needed to share resources between sites and/or due to the ongoing pandemic.

Measurement and Outcomes

TidalHealth Peninsula Regional and AGH are working to reduce ED utilization, hospital admissions and readmissions for patients with behavioral health and substance use diagnoses. In addition, they are working collaboratively to increase access to behavioral health services for patients in crisis and are working with their community partners to prevent duplication of services and fill gaps in care.

Programmatic Specific Goals:

100% of referrals accepted via walk-in.

90% of referrals via first responder drop-off.

20% reduction of emergency department utilization.

10% reduction in behavioral health inpatient admissions.

100% of patients in Behavioral Health Care Coordination will have a personalized plan of care.

100% of patients will have a care alert placed in CRISP.

100% referred to the appropriate level of care.

Scalability and Sustainability

The partnership will be building infrastructure in the first year with a focus on securing space for the crisis care centers, marketing, provider and staff recruitment, training, and policy and procedure development to set the foundation for our innovative approach to behavioral health crisis management.

The collaboration is clearly embarking on a robust and integrated Behavioral Health Crisis program with immediate access to crisis intervention in a regional approach to render services within a clinic setting and through virtual encounters.

The collaboration anticipates the sustainability of the Behavioral Health Crisis program will result primarily from reimbursement for professional and facility services rendered in person and virtually. Additional cost savings are associated with the reduction of ED utilization and PAU's.

Governance Structure

The overarching governance will be the Local Behavioral Health Authority's in Worcester, Wicomico and Somerset Counties with linkage to Local Health Improvement Coalition (LHIC). Numerous regional partners will play a key role in the formation of sub-committees to focus upon:

1. Review and interpretation of data analytics, patient demographics and regional trends.
2. Development of policy, procedure and protocols
3. Patient advocacy
4. Post-crisis follow-up and longitudinal management.
5. Marketing and community education

Regional meetings will be held on a quarterly basis. The coalition will review information, share updates and generate recommendations to be reviewed and voted upon by the coalition and local behavioral health authorities.

Community Partners

To date nine community partner agencies have been identified to support the regional partnership. As the partnership works to grow and expand, it is anticipated that other behavioral health and related agencies will be identified for additional collaboration and resource sharing.

Implementation Plan

Tidal Health Peninsula Regional and Atlantic General Hospital (AGH) will be the leaders on this endeavor to implement a Crisis Now care delivery model to provide immediate access to individuals requiring urgent behavioral health assessment and intervention across the lower Eastern Shore of Maryland. During the first year of this program, efforts will be directed toward setting up infrastructure in both locations (Wicomico and Worcester Counties), recruitment, hiring and training of providers and staff, building IT / data informatics, marketing, and working with community partners to develop a well-integrated system. Although TidalHealth and AGH will serve as the primary lead on this new care delivery model, the community partners will be equally integral to the success of the program. Integrating the local health departments, the local behavioral health authorities, and crisis resources such as Life Crisis Center and Sante Mobile Crisis will be advantageous in having a coordinated response. Working with identified key community behavioral health agencies will ensure a warm and seamless hand-off for the continued patient care. In addition, working with the National Alliance on Mental Illness and the Resource Recovery Center will help ensure a comprehensive network of providers and resources to develop policies, procedure and protocols to support patients in need of urgent behavioral health services.

Budget & Expenditures

The total budget for this project is \$11,316,322 over a five-year period, which includes facility fees, staffing of clinical and administrative professionals, data and report analytic support, equipment, technology, and operational support to increase access to urgent crisis services. The budget also provides much needed support to make telemedicine / virtual care successful and to introduce a platform that will assist in the management of patients across sites and organizations with behavioral health or substance abuse conditions. The regional collaboration is building a network of providers who will be integrated into the services proposed across the region. The budget was built using appropriate staffing ratios through experience and evidence. In order to address the remoteness that some individuals in crisis face such as living in rural communities, the budget will reflect resources to address those needs.