Sonoma County Hub for Innovations in Psychiatric Services (SCHIPS)

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Project Description

This iterative project aimed to investigate gaps in Sonoma County Mental Health services with a goal of creating a more stable infrastructure for quality Mental Health services across the spectrum of care.

Problem Statement:
Sonoma County community Mental Health services are severely fragmented and understaffed resulting in a strain on the community health systems to effectively manage a large cohort of patients who frequently transition across various health systems as a function of symptom severity.

Discovery:
1. In my transition from the VA to community mental health, I realized our county was suffering from a significant deficit in Mental Health services at a county-wide level.

2. Despite my clear understanding of what could change our circumstances or improve our service delivery, a few key interviews clarified for me this was a bigger task than previously apparent.

"Our physicians are burned out [with the recent push towards curbing inappropriate opioid prescribing]."

Satellite Residency?

UCSF University of California San Francisco *advancing health worldwide*

"Not consistent with our mission's 4 priorities."

Tackle Polypharmacy?

PARTNERSHIP HEALTHPLAN of CALIFORNIA

DHCS California Department of Health Care Services

"We give PHC the data to review."

"We don't have the software to access the data."

3. Subsequently, I stepped back and engaged in a more exploratory process of determining how to engage key stakeholders and find a platform on which to address the gaps in MH services and build a cohesive system of Mental Health service delivery.

Build Community MH Coalition?

REDWOOD COMMUNITY HEALTH COALITION
Serving Sonoma, Napa, Marin & Yolo Counties   **"Yes"**

+

HEALTHACTION   **"Yes"**

+

St. Joseph Health Santa Rosa Memorial   **"Yes"**

Goal:
Through county wide partnership identify gaps in Mental Health services and opportunities for improvement in the coordination and provision of services across these gaps.

Outcome-oriented Objective:
By July 2018, identify key areas for intervention based on interviews and key stakeholder buy-in.

Results

My engagement of community stakeholders fueled the momentum in forming two workgroups tasked with addressing gaps in Mental Health services.

HEALTHACTION

Sonoma County Committee for Healthcare Improvement – Mental Health Sub-committee:
Sub-committee started to create an mechanism of accountability in addressing gaps in Mental Health services as highlighted in my discovery process, which closely mirrored several key areas highlighted in a separate investigative report funded by St. Joseph's strategic planning group for opportunities in MH/SUD services.

WELL BEING TRUST + Providence St. Joseph Health

RCHC - Regional Behavioral Health Integration Project Award:
My efforts helped RCHC and St. Josephs draft a successful grant application, awarding RCHC ~$800k over two years to target improving transitions of care within Sonoma County by addressing 3 main areas:
1) Behavioral Health Care Coordination Best Practices
2) Behavioral/Mental Health Information Exchange
3) Psychiatry Workforce

Lessons Learned

- Addressing quality of care and gaps in care delivery required a much broader approach than just within my organization for a positive outcome to be attainable and sustainable.

- My concerns about gaps in care closely mirrored those of other individuals and those highlighted in an independent report on gaps in Mental Health and SUD services and opportunities for growth within St. Joseph's health.

- Mental Health fragmentation is a product of extreme siloing of services on macro and micro scales, which to a large part has occurred because of limited leadership from content experts.

- Some goals may be clear, logical and extremely value added, but their realization often requires building a foundation on which to tackle the problem.

- Without community partnerships, a unified vision and robust leadership, the execution of even the most well laid plans are unlikely to launch.

Next Steps:
- Work towards executing the RCHC grant objectives and develop SMART goals at program launch on 8/23/18.

- If successful, broaden the scope of the collaborative to begin targeting more specific areas, such as prescribing practices around standardization of safe and evidenced based prescribing practices.

Mission Model Canvas

Key Partners	Key Activities	Value Propositions	Buy-in & Support	Beneficiaries
• SRCH CMO • Mental Health Directors for SRCH and sister CHCs • CHI and RCHC Leadership • Sonoma County Behavioral Health Leadership	• Determining gaps in Mental Health practices and service delivery. • Exploring current systems of Mental Health care throughout the County	• Identify gaps in MH services throughout county • Improve coordination MH services through transitions of care to reduce gaps in services • Standardize MH services across county to ensure efficient and effective transitions of care across these gaps	• CHI Sub-committee review of gaps and outcomes of interventions • RCHC grant program to create ongoing iterative changes elements essential for transitions of care	• CHCs • Partnership Health Plan • Community Eds • Patients
	Key Resources • CHI and RCHC oversight • Funding • CHC MH Directors • SCBH Leadership		**Deployment** • CHI sub-committee report to CHI • RCHC sub-committee reports to RCHC leadership	

Mission Budget/Cost	Mission Achievement/Impact Factors
• Consultation time to RCHC = 0.1FTE = $40,000 • Consultation time to CHI Sub-committee → CHI and RCHC goals rolled into collective effort	• Increase coordination of MH services and standardization in practices to address gaps in care. • Reduce ineffective and inefficient factors contributing to gaps in care and care transitions.