

Date: 8/13/15

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 innovative 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, SFPD Director of Community Behavioral Health Services, and Lani Kent,

Mayor Edwin M. Lee's Senior Health Advisor. The CARES 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 development of a Peer Respite was one of the key recommendations coming out of the CARES Task Force. A Peer Respite Planning Group, lead by Tracey Helton, came together soon after.

The idea of the Hummingbird Place Peer Respite plan was presented to the MHSA Advisory Committee in December 2014. The Advisory Committee was instrumental in providing critical feedback in the implementation, evaluation, monitoring of the plan. The Peer Respite planning group re-presented a more fine-tuned plan to the MHSA Advisory on June 17<sup>th</sup>, 2015. The MHSA Advisory committee applauded and approved of this plan as a new Innovations project.

A bit of background on the MHSA Advisory Committee: The MHSA Advisory is charged to work in collaboration with MHSA in aspects of policy, program planning, implementation, evaluation, monitoring, quality assurance, and budget allocations. To ensure that this process is meaningful, MHSA staff conduct New Member Orientations to all new members. The committee meets every 2 months. The current MHSA Advisory committee is made up of 20 members. MHSA staff recently collected member demographic information. 17 members completed the demographic form. The data collected shows that our Advisory Committee is an incredibly diverse group. Member demographics are in line with the State requirement that we "have active participation from adults and seniors with severe mental illness, families of children, service providers, law enforcement, education, social service agencies, veterans, and representatives from veteran serving organizations, health care organizations, and providers of alcohol and drug services in community planning. Additionally, our MHSA Advisory Committee reflects the cultural, ethnic, gender, and racial diversity, not only of SF's mental health consumers, but of San Francisco as a whole.

A recent demographic survey of our 2014-2015 Advisory Committee showed the following:

- 71% identify as consumer of mental health services
- 29% identify as a family member/advocate
- 47% service provider

Race/Ethnicity

- 35% White/Caucasian
- 29% Black/African American
- 24% Asian/Pacific Islander
- 12% Latino

12% Native American  
12% Mixed Ethnicity/Other

Gender:

47% female

41% male

And 12% transfemale

Sexual Orientation

53% heterosexual

29% LGBTQ

6% questioning/unsure

6% other

Age:

53% are 45-59

24% 60 and over

18% are 25-44

6% are 16-24

In addition to committee meetings, members of the Peer Respite Planning Group attended the following stakeholder group meetings to solicit input and feedback of the emerging respite model.

- SFDPH Behavioral Health Services Client Council
- MHSA Providers Meeting
- San Francisco Mental Health Board

This plan was posted for public comment from June 15<sup>th</sup>, 2015 – July 15<sup>th</sup>, 2015. No substantive public comment was received.

The Public Hearing for the Mental Health Board was held July 15<sup>th</sup>, 2015. In a letter dated July 15<sup>th</sup> to San Francisco Mayor Lee, The Mental Health Board Chair, Kara Ka Wah Chien, wrote (see attached): “The San Francisco Mental Health Board strongly support the new innovative Hummingbird Place Peer Respite program. This peer developed and operated program and in formative stage of development, is a wonderful asset to the behavioral health continuum of care.”

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

The final model for the Peer Respite is reflected in the project description below.

### **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*

### **Project Description**

Hummingbird Place Peer Respite is an Innovative program that intends to make a *change* to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community.

Psychiatric emergency services (PES) in San Francisco are frequently overburdened. This creates a frustrating client experience of substandard quality. In addition, the use of involuntary psychiatric holds can create a wide variety of issues. The use of involuntary psychiatric hold can break the therapeutic alliance between the clients and the service provider, lead to increased rates of incarceration, and traumatization of those who are experiencing a crisis. The lack of alternatives to PES are contributing to a disproportionate share of preventable health system costs to the county.

The Hummingbird Place Peer Respite is innovative because it will be a complete peer-led, safe space that offers connection and breathing room to those in need of a healing refuge and new direction on their path towards wellness. Additionally, the Peer Respite is innovative because it will be located directly on the hospital grounds, setting it apart from other Peer Respites in the US. The Peer Respite would be the first of its kind in that it would directly divert those in crisis from the hospital. Peer counselors will also be dispatched to PES to assess and bring clients over to the space. By working closely with case managers and service providers, the peer staff would be able to identify those that would benefit from the Respite as an alternative to hospitalization.

Potential guests will be identified by staff at partnering sites including Intensive Case Management, Full Service Partnerships, Inpatient Psychiatry, and Psychiatric Emergency Staff. 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. 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. The goal is also to hire Nursing Assistants who self-identify as consumers/peers.

The Peer Respite would be a large space with the capacity of up to 20 individuals depending on staffing ratios and acuity of those needing services. The Peer Respite will have operations 24/7 days a week with beds for overnight guests. In the start-up phase, there will be 4 overnight guests will stays up to 14 days. The Respite is not designed a housing alternative but may be used on a temporary basis for guests requiring additional support to facilitate their successful return to the community.

Hummingbird Place 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. Groups held at the Peer Respite will be launching points for education and engagement in community services. By participating in WRAP, Stress reduction, One to One counseling, art therapy, music, yoga, gardening and food preparation, guests will learn new tools for living outside a controlled environment. In addition, the Peer Respite will have 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 who 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.

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:
  - Civil Service clinics
  - The San Francisco General Wellness Center
  - Community based Full Service Partnerships
  - The San Francisco Mental Health Association
  - The RAMS Office of Self Help
  - The AAIMS Project
  - The Homeless Outreach Team (HOT)
  - 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.*

The primary purpose of the Hummingbird Place Peer Respite is to increase the quality of services, including better outcomes.

The Learning Questions for this innovative program are the following: What are effective peer support strategies and practices that reduce hospitalization and increase engagement in the community in a hospital-based Peer Respite environment?

In surveying other Peer Respite centers across the United States, the programming is held in community settings. The Hummingbird Peer Respite would be the first space that works directly with Psychiatric Emergency Services on hospital grounds to utilize peer to respond to those in crisis. Peer counselors will be meeting with guests who are frequent users of our inpatient systems in an attempt to create new behaviors that assist them in the community. It is our hope that our learning will be able to demonstrate works in order to create better outcomes.

An additional learning question will be: What are the things peers can do to assist clients in crisis? Do clients prefer groups or Individual counseling? What are the primary reasons that clients are cycling in and out of the hospital? The evaluation would provide insight into these questions.

In focusing on guests who are almost exclusively housed, it will allow for more thoughtful development and evaluation of tools the peers can use for engagement. Frequently in San Francisco, the majority of time and effort in stabilizing clients revolves around securing elusive housing slots. The respite will focus on those who continue to struggle with mental health challenges in spite of relatively stable housing and case management services. In selecting the most acute consumers, the Hummingbird Respite will tease out interventions that can be tested and possibly replicated system wide.

We predict that our overall system of care will be improved in the following ways: 1) integrating peer lead services within the hospital run mental health system; 2) increase linkages between individuals receiving crisis mental health services and community based services; and 3) increase client guest engagement in overall peer based wellness and recovery services.

This project will aims to evaluate the effectiveness of a 100% peer-run crisis based service in San Francisco County.

#### **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.*

As we noted above, the Peer Respite Hummingbird Place's primary purpose is to increase the quality of services, including better outcomes. 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.

In order to answer the learning questions and assess our proposed primary purpose, we will use the following outline as our evaluation guide:

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.)
- d. Monitor use of Psychiatric Emergency use after PRC services have been utilized for the duration of the INN program

**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

The evaluation will consist of both qualitative and quantitative methods. Data on the successful characteristics of the PRC will be collected through key staff interviews and focus groups with staff, including peer staff. Staff will utilize intake and activity participation tracking tools to collect consumer data (demographic, program involvement, etc.). Administrative staff will use Avatar to collect data on consumer utilization of PES. Consumer surveys will be developed to collect data on consumers' level of engagement, use of services, and wellness plan consisting of the identification of one goal after PRC. Lastly, peer staff will conduct consumer focus groups to collect data on consumer outcomes (i.e., linkages to referral sources & progress towards self-identified wellness goal, etc.) after they leave the PRC. The focus group formats, interview instruments and other outcome measures will be developed in collaboration with peers and the community.

**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 fine-tuning our evaluation process based on our measurements listed above.

**Phase II- Implementation (1/2016-12/2018)**

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. Peer-identified Certified Nursing Assistants will be on site to supervise overnight stays.

**Phase III – Reflection, evaluation, and dissemination (1/2019-7/2019)**

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 San Francisco Behavioral Health Services (BHS) for building space, office supplies, electricity, recreational space, and community kitchen.

The Peer Respite will leverage General Fund monies 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 4.55 County Contracted Peer Counselors at \$20/hr to staff the Peer Respite. In addition, there will be two Civil Service Peer Counselors at \$18.78/hr. The Manager of the Overall Project will also self-identify as a consumer. This manager will be responsible for implementing the work plan and we budgeted \$56,176 for this project. We are requesting \$50,000 in Operating expenditures to operate the Peer Respite, purchase food, art supplies, bedding, furniture, and other items, that are necessary to give the space a homelike, non-institutional quality and feel. \$16,600 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 internally with the County Mental Health Department with more leveraged from the UCSB partnership.

{See following pages for Budgets}

**YEAR ONE BUDGET**

	<b>County Mental Health Department</b>	<b>Other Governmental Agencies</b>	<b>Community Mental Health Contract Providers</b>	<b>Total</b>
<b>A. Expenditures</b>				
1. Personnel Expenditures	<b>79,358</b>		<b>272,926</b>	<b>352,284</b>
2. Operating Expenditures			<b>50,000</b>	<b>50,000</b>
3. Non-recurring expenditures				
4. Training			<b>16,666</b>	<b>16,666</b>
5. Work plan management	<b>56,176</b>			<b>56,176</b>
6. Evaluation	<b>25,000</b>			<b>25,000</b>
<b>7. Total proposed work plan- Year 1 expenditures</b>	<b><u>160,534</u></b>		<b><u>339,592</u></b>	<b><u>\$500,126</u></b>
<b>B. Revenues</b>				
1. Existing revenues				
2. Additional revenues a. b.				
<b>3. Total New Revenue</b>				
<b>4. Total Revenues</b>				
<b>C. Total funding requirements</b>	<b><u>160,534</u></b>		<b><u>339,592</u></b>	<b><u>\$500,126</u></b>

**YEAR TWO BUDGET**

	<b>County Mental Health Department</b>	<b>Other Governmental Agencies</b>	<b>Community Mental Health Contract Providers</b>	<b>Total</b>
<b>D. Expenditures</b>				
<b>8. Personnel Expenditures</b>	<b>79,358</b>		<b>272,926</b>	<b>352,284</b>
<b>9. Operating Expenditures</b>			<b>50,000</b>	<b>50,000</b>
<b>10. Non-recurring expenditures</b>				
<b>11. Training</b>			<b>16,666</b>	<b>16,666</b>
<b>12. Work plan management</b>	<b>56,176</b>			<b>56,176</b>
<b>13. Evaluation</b>	<b>25,000</b>			<b>25,000</b>
<b>14. Total proposed work plan- Year 1 expenditures</b>	<b><u>160,534</u></b>		<b><u>339,592</u></b>	<b><u>\$500,126</u></b>
<b>E. Revenues</b>				
<b>3. Existing revenues</b>				
<b>4. Additional revenues</b>				
a.				
b.				
<b>3. Total New Revenue</b>				
<b>4. Total Revenues</b>				
<b>F. Total funding requirements</b>	<b><u>160,534</u></b>		<b><u>339,592</u></b>	<b><u>\$500,126</u></b>

**YEAR THREE BUDGET**

	<b>County Mental Health Department</b>	<b>Other Governmental Agencies</b>	<b>Community Mental Health Contract Providers</b>	<b>Total</b>
<b>G. Expenditures</b>				
15. Personnel Expenditures	<b>79,358</b>		<b>272,926</b>	<b>352,284</b>
16. Operating Expenditures			<b>50,000</b>	<b>50,000</b>
17. Non-recurring expenditures				
18. Training			<b>16,666</b>	<b>16,666</b>
19. Work plan management	<b>56,176</b>			<b>56,176</b>
20. Evaluation	<b>25,000</b>			<b>25,000</b>
<b>21. Total proposed work plan- Year 1 expenditures</b>	<b><u>160,534</u></b>		<b><u>339,592</u></b>	<b><u>\$500,126</u></b>
<b>H. Revenues</b>				
5. Existing revenues				
6. Additional revenues a. b.				
3. Total New Revenue				
4. Total Revenues				
<b>I. Total funding requirements</b>	<b><u>160,534</u></b>		<b><u>339,592</u></b>	<b><u>\$500,126</u></b>

**YEAR FOUR BUDGET**

	<b>County Mental Health Department</b>	<b>Other Governmental Agencies</b>	<b>Community Mental Health Contract Providers</b>	<b>Total</b>
<b>J. Expenditures</b>				
<b>22. Personnel Expenditures</b>	<b>79,358</b>		<b>272,926</b>	<b>352,284</b>
23. Operating Expenditures			<b>50,000</b>	<b>50,000</b>
24. Non-recurring expenditures				
25. Training			<b>16,666</b>	<b>16,666</b>
26. Work plan management	<b>56,176</b>			<b>56,176</b>
27. Evaluation	<b>25,000</b>			<b>25,000</b>
<b>28. Total proposed work plan- Year 1 expenditures</b>	<b><u>160,534</u></b>		<b><u>339,592</u></b>	<b><u>\$500,126</u></b>
<b>K. Revenues</b>				
<b>7. Existing revenues</b>				
<b>8. Additional revenues</b> a. b.				
<b>3. Total New Revenue</b>				
<b>4. Total Revenues</b>				
<b>L. Total funding requirements</b>	<b><u>160,534</u></b>		<b><u>339,592</u></b>	<b><u>\$500,126</u></b>