Recovery

Based

Engagement

Support

Teams

Executive Summary

For the RBEST Final Report a Mental Health Services Act Innovation Project

SAN BERNARDINO
COUNTY
Behavioral Health

Introduction

The Recovery Based Engagement Support Teams (RBEST) Innovation Project was approved in March 2014 by California's Mental Health Services Oversight and Accountability Commission as an Innovation funded project under the Mental Health Services Act (MHSA) and ended as an Innovation project in September 2019. Under MHSA, the Innovation component's main intention is to design and fund short term projects for learning purposes. RBEST's primary learning purpose was to examine the viability of providing concentrated outreach and engagement services to community members who were considered to be living with chronic mental illness, were not being appropriately served in the behavioral health system, and in some cases, were not served at all. The objectives of RBEST included:

- Learning and exploring alternative options to the Assisted Outpatient Treatment (AOT) Law, otherwise known as Laura's Law, in order to meet the spirit and intent of the law;
- Activating individuals in the community into medically necessary psychiatric care;
- Empowering families and caretakers to continue providing care for their loved ones living with serious mental illness in their community-based environment; and
- Reducing the frequency and duration of psychiatric hospitalizations without outpatient follow-up in the community.

RBEST was a voluntary, client-centered project which provided community (field-based) services not structured around any specific model of insurance benefits, to individuals living with untreated mental illness in an effort to activate them into appropriate treatment. The public mental health system is traditionally funded to provide medically necessary treatment services that are eligible for reimbursement through Federal Financial Participation (Medicaid/Medicare). Unstructured outreach and engagement services are not identified as a covered insurance benefit and are not eligible for reimbursement under this primary funding source. Therefore, the RBEST project was not designed as a traditional treatment model and did not intend to provide endless mobile services to identified consumers. The project was designed as "non-clinical" in its orientation with a primary focus on meeting the immediate needs and goals of the consumer while eliminating obstacles through engagement in to appropriate mental health treatment. The multidisciplinary nature of the engagement teams provided a holistic and highly flexible approach to the needs of the consumers, unencumbered by traditional limits of services organized around insurance benefit structures. Similar to the process used in the development of a treatment plan in a clinic, RBEST staff provided an opportunity for shared decision making in an unstructured, field-based environment when presenting treatment options to consumers and families, encouraged deliberation, and elicited care preferences within what was possible. RBEST staff were trained and utilized the Listening, Empathizing, Agreeing, and Partnering (LEAP) model to engage consumers into treatment. RBEST services included: outreach, engagement, linkage to services, advocacy, case management services, care navigation, family education and support.

The RBEST project was created to address a priority for the County in response to community stakeholder inquiries regarding how the Department of Behavioral Health (DBH) intended to address

Assembly Bill 1421 (AB 1421), Assisted Outpatient Treatment (AOT) known as Laura's Law. Assisted Outpatient Treatment (AOT) was signed into California law in 2002. The purpose of AOT was to provide a legal procedure for the court to compel an individual to follow a behavioral health treatment plan. The goal was to improve access and adherence to behavioral health treatment services. Court orders issued for AOT are for treatment services only and does not cover court-ordered medication delivery. Extensive stakeholder work groups were conducted concerning the implementation of this law, as well as possible alternatives which focused on community mental health and general treatment needs. Based on an analysis of the elements of AOT law and the different models of care, DBH determined that the spirit and intent of the law could be addressed by creating a voluntary, client-centered project that would address the issues associated with individuals who are not effectively participating in psychiatric care.

Target Population

RBEST served San Bernardino County adults over the age of 18, and:

- Not active or successful in seeking and receiving necessary psychiatric care.
- Known to the community and other safety net programs, but not known to the public mental health system.
- Individuals who access treatment at points in the health care system

What is Innovation?

The goal of the Innovation component of the Mental Health Services Act (MHSA) is to test methods that adequately address the behavioral health needs of unserved and underserved populations through short-term projects. This is accomplished by expanding or developing services and supports that are considered to be innovative, novel, creative, and/or ingenious behavioral health practices that contribute to learning rather than a primary focus on providing services.

Innovation projects create an environment for the development of new and effective practices and/or approaches in the field of behavioral health. Innovation projects are time-limited, must contribute to learning, and be developed through a process that is inclusive and representative, especially of unserved, underserved, and inappropriately served populations.

Innovation projects are designed to support and learn about new approaches to behavioral health care by doing one of the following:

- Introduce a behavioral health practice or approach that is new to the overall behavioral health system, including, but not limited to, prevention and early intervention.
- Make a change to an existing practice in the field of behavioral health, including, but not limited to, application to a different population.
- Apply to the behavioral health system a promising community-driven practice or an approach that has been successful in a non-behavioral health context or setting.

This component is unique because it focuses on research and learning that can be utilized to improve the overall public behavioral health system. All Innovation projects must be reviewed and approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC).

that are not effective in meeting the psychiatric needs of that individual (category added after project implementation).

- The "invisible" client who is being cared for by family members and not linked or known to the public mental health system.
- Resistant to traditional engagement strategies due to a neurological condition (i.e. anosognosia) which disallows insight into their own behavioral health condition (category added after program implementation).
- Unable to navigate the behavioral health system of care to obtain appropriate treatment (category added after program implementation).

RBEST Consumers

The original project plan projected 300 new unique consumers would be served per year. During this project, RBEST served 1,432 unique consumers. Although this was 68 consumers shy of meeting the 1,500-goal stated in the original project plan, the original project plan did not anticipate the length of time that a consumer may be with the RBEST program. On average it took 19.8 encounters for a successful linkage with an RBEST consumer. Each year, after the first year, RBEST maintained several continuing consumers in addition to the new consumers gained annually. These groups together made up the RBEST caseload. The RBEST caseload is a better represented by the number of consumers actively working with RBEST per year; even though an individual consumer may appear in multiple years (i.e. producing duplicates in the overall consumer count). When looking at the total caseload, RBEST served, on average, 368 consumers per year; thus, surpassing the original of 300 served per year.

Consumer Served during the course of project:
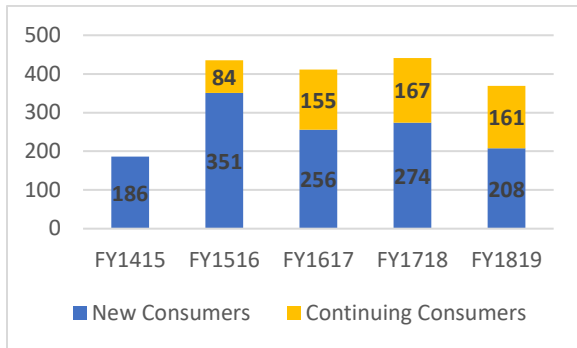
RBEST Learning Goals

The goal of every Innovation project is learning, each Innovation project establishes learning goals as part of the project design. The learning goals for the RBEST project are:

Learning Goals	**1**	Disruption of the existing system will occur through utilizing engagement and outreach strategies targeting individuals who are non-compliant and/or resistant to treatment.
	2	Identify individuals who are high users of inpatient psychiatric services, reducing the frequency and duration of inpatient admissions through activation strategies.
	3	Increase the understanding and knowledge regarding mental illness for families of individuals living with mental illness as well as improve and increase the strategies in caring for their loved ones.

Project Outcomes

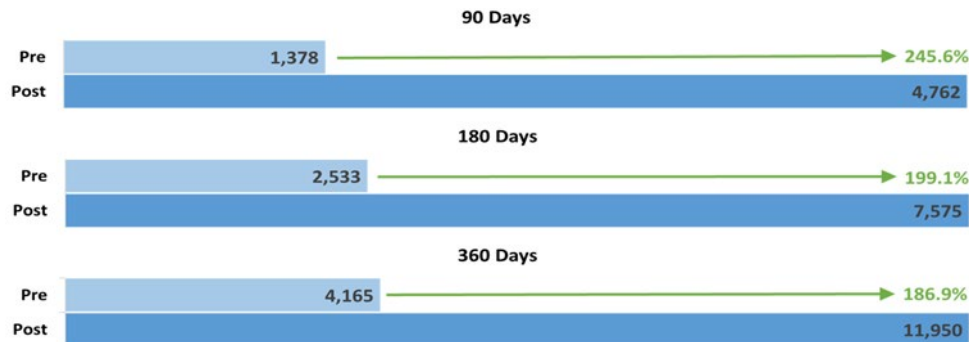Learning Goal #1: Disruption of the System

RBEST disrupted the system by transforming the approach to engaging and linking to care. The disruption is in providing support before clients are engaged in services because it is not funded under the insurance plan (Medi-cal) accepted by SBD-DBH and interrupting the cycle of inappropriate treatments (hospitalizations, etc.) that clients are seeking. RBEST was found to be successful in implementing this disruption by learning and changing the concept and understanding of client resistance, taking an honest look inward as a system of care and acknowledging that sometimes there are barriers even within our own system. It was found that many clients display the qualities of being unable to seek services or navigate the system on their own due to lack of insight, resources, transportation, etc. and that resources and supports need to be funded and deployed as soon as possible to build trust and get individuals who need medical treatment and support engaged – especially since we know now that on average it take 19.8 engagements before we have a successful linkage. The successful approach is in part due to bringing in paraprofessionals to make these connections with consumers and seeing how successful these staff are in engaging clients. Another way RBEST transformed the approach to consumer care was by identifying and addressing other barriers to care and treatment. Many of these individuals were very sick, making it very difficult for them to engage in services in a traditional mental health clinic setting. Traditional mental health clinics are not known for their broad flexibilities, often because they are governed by a set of regulations and laws that set specific standards and restrictions. RBEST staff utilized their skills and resources to address the needs of their clients as well as guide them through the mental health system of care. Lastly, RBEST was able to introduce and implement LEAP as a new engagement approach to the Department, as well as other County Departments, including embedding some elements into the County's Law Enforcement initial training.

Learning Goal #2: Increased Outpatient Services and Reduced Hospital Admission and Hospital Days

As presented below, the goals of increasing outpatient services and reducing hospital admissions were achieved. Based on the data gathered during this project, once a consumer was successfully engaged there was a demonstrable increase in outpatient services and a decrease in hospital admission and days spent in the hospital.

Increased Use of Outpatient Services

RBEST consumers that were either successfully engaged with RBEST, successfully linked to other outpatient services via RBEST engagement, or both, saw improved outcomes (e.g., increased access to routine outpatient services.) Improved consumer outcomes can be seen at 90 days with a 254.6% increase in service utilization, at 180 days 199.1% increase, and at 360 days 186.9% increase.

90 Days		
Pre	1,378	245.6%
Post		4,762

180 Days		
Pre	2,533	199.1%
Post		7,575

360 Days		
Pre	4,165	186.9%
Post		11,950

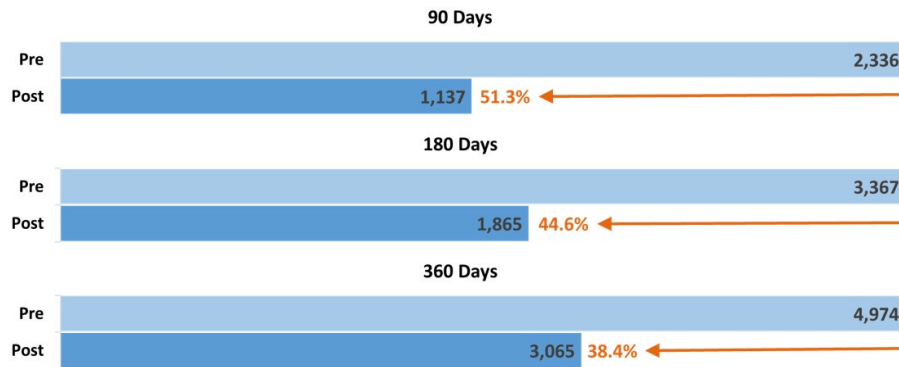**Decrease Number of Psychiatric Hospital Admissions**

RBEST was successful in improving consumer outcomes by lowering the amount consumers used psychiatric hospitalizations. Once successfully linked and/or successfully engaged in routine outpatient services, many RBEST consumers no longer used psychiatric hospitalization as their primary source of mental health care. This can be seen in the decrease of medically necessary hospital utilization (both the number of psychiatric hospitals days used and by the number of psychiatric hospital admissions) that occurred after RBEST engagement. Only medically necessary hospital days were analyzed; Administrative days where transfers were pending, bad weather prevented discharge were not included.

90 Days		
Pre		525
Post	216	58.9%

180 Days		
Pre		761
Post	376	50.6%

360 Days		
Pre		1,121
Post	617	45.0%
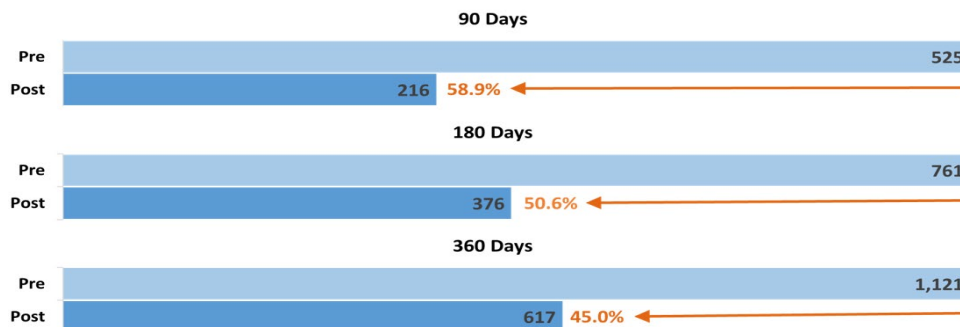
Decrease Number of Medically Necessary Hospital Days

Decreases in medically necessary hospital days occurred post RBEST engagement. Within 90 days after RBEST engagement there was a 51.3% decrease, within 180 days there was a 44.6% decrease, and there was a 38.4% decrease at 360 days post RBEST engagement.

Decreases in hospital admissions, occurred within 90 days with a 58.9% decrease, at 180 days with a 50.6% decrease, and at 360 days with a 45% decrease.

90 Days

Pre	2,336
Post	1,137 51.3%

180 Days

Pre	3,367
Post	1,865 44.6%

360 Days

Pre	4,974
Post	3,065 38.4%

Learning Goal #3: Family will acknowledge having Increased Understanding and Knowledge and Increased Strategies to Care for their Loved Ones as a Result of Care Provider Activation Strategies

The knowledge gained from this learning goal has had an impact on the SBC-DBH system of care leading to the creation of a new category of MHSA services labeled Family Support within the Community Services and Support Component. This new category includes RBEST and Connecting Families, the family support group that was created as a result of the success of the Journey Scroll event.

Project Learning

In addition to what was learned from the preset goals there was additional learning that occurred as the project progressed. These are the major themes included in the report.

- Unconditional support/whatever it takes – Similar to the philosophy and approach in Full Service Partnership treatment programs, RBEST staff learned early on and made it their motto to do "whatever it takes" to build the relationships needed with consumers for successful engagement. They were able to do so without the limits of timeframes established through outpatient care structures and provide the unconditional support RBEST consumers needed. We learned that it takes an average of 19.8 encounters to successfully link a consumer to services. This is very different to clinical programs and although clinicians are trained to build relationships with their clients, the clinical structure and client-to-staff ratio does not always allow for the amount of time and encounters it takes for hesitant consumers to gain the trust RBEST staff were able to build.

- Importance of the diverse multidisciplinary team – The variety of positions and experiences in the multidisciplinary team was critical in connecting and engaging with RBEST consumers and family members. Depending on the situation RBEST staff were able to connect with RBEST consumers on various levels. This strength-based approach allowed for RBEST staff, upon assessing the consumers' needs, to match the staff that would most likely make the necessary connection.

- The multifaceted nature of consumer's needs – RBEST staff found that many consumers were in need of health and basic needs services as well as mental health services. The nursing staff on the RBEST team was utilized to provide insight into the medical needs and connections needed for clients. Nursing staff advocated for consumers in need of assistance in navigating the intricate healthcare system as well as providing support when attending appointments. Staff were critical in addressing the basic needs of consumers including accessing food banks, utility assistance. RBEST staff learned that consumers had more immediate needs before even thinking about addressing their mental health issues.

- Challenging the terms "Resistant" and "Non-Compliant" – We learned not all consumers were "resistant" to getting mental health care. RBEST staff found that some consumers were willing to access care but had difficulty navigating the system of care. RBEST staff, through the relationships they built, were able to provide the added support consumers and family members needed to successfully access appointments, assessments and ongoing clinical care and treatment. Additionally, RBEST staff were able to support consumers that would normally be considered "non-compliant" with care. With this also came the notion of allowing the consumer to be ready for treatment. RBEST staff gave consumers the "space" to realize the benefits of treatment and medication. Then consumers were more willing to accept clinical care and treatment.

- The importance of LEAP training to the success of outreach and engagement activities – The Listen Empathize Agree Partner method changed the way RBEST staff engaged with clients. This method also was taught to family members and care takes in order to improve the relationships that in the past had been strained and stressed due to lacking the skills necessary to support their loved one.

RBEST has been a project that has challenged the way we "think" mental health care should be provided. This holistic approach that includes the family and all aspects of the client's life is intense and takes a lot of man hours, however it is what is necessary for some.