



WHAT IS ACE ?

- ACE services -added to the four major regional clinics.
- Phoenix, Mariposa Community Counseling, Mesa Counseling, and Victor Valley Behavioral Health. Additional staff added to two rural, desert clinics located in Barstow and Needles.
- Increase clinical staffing to perform screening and intake assessments.
- Increase medical staffing to perform medication evaluations and medication reconciliations.
- Increase case management staff to improve post-hospitalization linkage by performing outreach and engagement.

WHAT IS ACE?

Hours of Operation:

- ACE will operate from 8:00am to 5:00pm, Monday-Friday.
- ACE will continue to see crisis walk-in's during regular business hours.

Priority Population:

- ARMC hospital discharge consumers will receive first priority and receive an appointment time within seven (7) calendar days of discharge. Each ACE team will have times blocked off specifically for hospital consumers and give appointments to hospital staff for discharges.

Scheduling:

- Assessment slots will be blocked out for priority populations. Blocked times will begin at 8:30 a.m. and the last appointment will be at 3:00 p.m.
- The period from 1:00 to 5:00 will be used to complete same day assessments and/or scheduling pending appointments.

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WHAT IS ACE?

Hospital Consumers:

- For new consumers:
 - Prior to discharge, hospital staff will call the ACE OAIH for a scheduled intake appointment within seven (7) days of discharge.
- For established consumers:
 - Prior to discharge, hospital staff will call the ACE OAIH and schedule a follow-up appointment with their current MD within fourteen (14) days from hospital discharge.
 - If there is no appointment within the timeframe, ACE OAIH will schedule an appointment with the ACE MD within fourteen (14) days from hospital discharge.
- Diversion staff will ensure the ARMC discharge documentation will be forwarded to the clinic where the consumer is referred or already open.
- The ACE OAIH will make reminder phone calls for hospital discharge patient's appointments.

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WHAT IS ACE?

STAFFING:

- **Clinical Staff**
 - Complete the Clinical Assessment AND determine whether or not the consumer meets criteria for services based on functional impairment and diagnosis.
 - Coordinate referral to MCP (IEHP or Molina)
 - If medications are indicated as urgent, the ACE clinic staff will consult with the ACE Psychiatrist.
- **Case Management Staff**
 - Will engage the consumer prior to appointment and will follow-up on all no-shows.
 - Will provide linkage to resources.

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WHAT IS ACE?

STAFFING:

- **Psychiatrist**
 - Will see consumers that are opened through ACE and continue to provide treatment until the consumer has their psychiatric evaluation appointment with the clinic psychiatrist.
- **MHRN/LVN**
 - Assist the Psychiatrist with medication related issues such as pharmacy calls, vital signs, referrals for lab work, arranging for follow-up appointments, and connecting with primary care physicians.
 - Will follow-up on all ACE MSS no-shows for medication refills until the psychiatric evaluation appointment is kept by the consumer.
 - Monitor all ACE MSS cases.
 - If this psychiatric evaluation appointment is missed, will contact the consumer, reinforce attendance for the psychiatric evaluation appointment and reschedule the appointment.

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WHY WAS ACE NEEDED?

- The county population is expected to grow by 300,000 residents in the next eight (8) years and is projected to be at almost 2.6 million by 2030.
- The Affordable Care Act (Medicaid Expansion).
 - Provides a new population of consumers that are now eligible for Medi-Cal Benefits.
- DBH's Research and Evaluation.
 - Projected Medi-Cal beneficiaries-445,000 in 2013 to 545,000 by 2019.
- Needed coordination. California now has three tiers of mental health benefits for Medi-Cal beneficiaries .
 - Tier 1: Mild-Usually within the scope of the Primary Care Practitioner (IEHP/Molina)
 - Tier 2: *Mild to Moderate-Out of the scope of the PCP or Pediatrician but not meeting Specialty Mental Health criteria (IEHP/Molina) This is a new category!*
 - Tier 3: Significant to Severe-Meeting medical necessity criteria for Specialty Mental Health Clinic services (DBH)

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WHY WAS ACE NEEDED?

- DBH needs to adapt ways of working to ensure a more efficient and coordinated approach.
- DBH percentages of beneficiaries that engage in outpatient services within 7 days upon discharge from an inpatient hospital is 20%.
- In FY 2012-13, DBH had just under 10,000 inpatient episodes with a recidivism rate of 24% within 30 days of discharge.
- ARMC-BH accounted for 66% of all DBH hospitalized consumers.
- Hospitals will be penalized for re-hospitalizations within 30-days of discharge.
- Consumers are returning to the hospital more frequently because the outpatient environment is overwhelmed.

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ACE WOULD PROVIDE THE FOLLOWING:

- Stronger outreach and assistance that can reduce 30-days re-hospitalizations.
- Same day psychiatrist evaluations when clinically appropriate.
- Reduced psychiatrist wait times by expediting opening of cases.
- Scheduled or non-scheduled appointments from in-patient referrals.
- Increased case management services.
- Facilitation of consumer access to additional benefits.
- Development of uniformed screenings and assessment tools.

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ACE GOALS

- Decrease the amount of time between hospital discharge and follow-up with out-patient clinic services.
- Reduce the 30-days re-hospitalization rate for DBH consumers discharged from ARMC.
- Increase the out-patient clinic engagement rate of hospitalized DBH consumers.
- An appointment with a Psychiatrist within 14 days of discharge as medically necessary.
- Improve coordination of care with MCP (IEHP & Molina).
- Improve access to other services (such as homeless, primary health care and employment services).

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ACE IMPLEMENTAION PROGRESS

- Coordinated discharge planning with ARMC staff.
- ARMC is scheduling consumers within 7-days of discharge in regional clinics.
- ARMC discharge summaries and orders are successfully being received by DBH clinics.
- Uniformed criteria for Tier 3 services developed.
- ACE trained MCP staff on Tier 3 criteria.
- ACE helped developed referral protocols between DBH and MCPs.
- ACE has overcome hiring challenges and most positions are now filled.
- Consumer “show rate” is improving.
- Data collection method implemented.

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NEXT STEPS

- Explore if a centralized “ACCESS” for inpatient discharges is needed to improve outcomes.
- Expand coordination with DBH contracted Fee For Service inpatient hospitals.
 - Establish tracking and data collection method for 7-day standard with Fee For Service hospitals.
- Explore if ACE case managers from each region should engaged consumers at time and point of discharge or if a centralized case management linkage team is needed.
- Coordination with RBEST and Triage program.
- Greater coordinated efforts with Crisis Walk-In Centers.
- Introduce the ANSA assessment tool. The ANSA is designed to provide a profile of the needs and strengths of the individual and family.

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