EXCEPTIONAL HEALTHCARE. EXCEPTIONAL PEOPLE.

PENINSULA REGIONAL MEDICAL CENTER

July 19, 2020

Katie Wunderlich, Executive Director
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215
hscrc.rfp-implement@maryland.gov

Re: Transmittal Letter for HSCRC Regional Partnership Catalyst Grant Program
Behavioral Health Crisis Services

Dear Ms. Wunderlich,

This letter serves as a notice of a regional collaboration between Peninsula Regional Medical Center ("PRMC") and Atlantic General Hospital ("AGH"). As a regional collaborative we are putting forth an evidence-based practice established by Crisis Now to institute our model for a 23-hour Behavioral Health Urgent Care Center. While PRMC is the lead applicant, AGH is our partner in the implementation and success of the proposed program. The collaborative is proposing a community-based crisis stabilization program to include real-time, face-to-face professional and peer intervention to address gaps in care and in behavioral health infrastructure. PRMC and AGH will put into place the means in which to serve Medicare beneficiaries in behavioral health crisis as well as those with a Managed Medicare or Commercial payor.

We believe that providing a regional intervention approach to behavioral health crisis services in our rural area is significant due to proximity and cross utilization between emergency rooms at both hospitals. This collaboration between PRMC and AGH will reduce utilization by the target high-risk population on the lower Eastern Shore who also suffer from other complex and chronic conditions.

As you will find in the enclosed application on page 15, the collaboration proposes to establish and be accountable to the Lower Eastern Shore Integrated Coordinating Council as the basis for a governance structure. This council will oversee the program indicatives with analytics and performance measures to track effectiveness.

Sincerely,

Kathryn M. Fiddler DNP, MBA, RN
Vice President, Population Health
Peninsula Regional Medical Center

Matthew Morris DNP, RN, NEA-BC
Vice President of Patient Care Services & Chief Nursing Officer
Atlantic General Hospital

Health Services Cost Review Commission

Behavioral Health Crisis Catalyst Grant

SUBMITTED BY:

Peninsula Regional Medical Center
100 E. Carroll Street
Salisbury, MD 21801

A Regional Collaboration Between
Peninsula Regional Medical Center and Atlantic General Hospital

July 19, 2020

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SECTION 1: SCOPE OF WORK

1. SUMMARY OF PROPOSAL

Hospital/Applicant:	Peninsula Regional Medical Center
Hospital Members:	Peninsula Regional Medical Center & Atlantic General Hospital
Health System Affiliations:	Local Behavioral Health Authority, Lower Eastern Shore integrating Council (LHIC), Sante Mobile Crisis Team, Life Crisis Center, NAMI, Worcester, Wicomico and Somerset County Health Departments, CRISP, Chesapeake Healthcare, Lower Eastern Shore Clinic, Worcester Addiction Cooperative Services, Resource Recovery Center, CareFirst.
Funding Track:	Behavioral Health Regional Partnership Catalyst Grant
Total Budget Request:	$12,405,831.64

Target Patient Population

Community Profile:

The lower Eastern Shore of Maryland is a rural setting in which patients can access two area hospitals; Peninsula Regional Medical Center (PRMC) and Atlantic General Hospital (AGH). Each serves its community of patients, and each hospital has independently made efforts to provide care to patients who have geographical and health disparities. To serve their patients better and to reduce the utilization of the acute care setting, the hospitals are collaborating in a number of population health initiatives.

It has been determined by the collaborative group that there is a need for a regional approach to Behavioral Health Crisis services due to remoteness, access to services in the region and cross utilization between the facilities. The target population for the Behavioral Health Catalyst Grant is: Medicare enrollees with one or more visits to the emergency department related to behavioral health or substance abuse conditions. The partners determined that the number of patients who utilize both PRMC and AGH is significant to provide a new regional crisis model to avoid unnecessary utilization of the emergency room at both hospitals and to provide intervention to patients in crisis at a lower level of care and cost.

Proposed Activities

Program Description:

PRMC and AGH, in collaboration with numerous community partners in the tri-county area, will adapt the evidence-based practice established by Crisis Now to address gaps in behavioral health infrastructure in the region. The joint crisis stabilization program will essentially serve as a Behavioral Health Urgent Care Center(s) that provides 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 and satellite site(s). The settings 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 is completed. Part of the service offering can be completed via telehealth as needed to share resources between sites and/or due to ongoing pandemic.

Measurement and Outcomes

PRMC 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 collaboration is building infrastructure in the first year; these costs focus upon securing alternative care settings, marketing, staff recruitment and training to set the foundation for our innovative approach to behavior 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.

1. For the primary BHUCC, reimbursement for services delivered will be through the nationally recognized HCPCS codes of S9484 Crisis Intervention Mental Health Services per Hour and S9485 Crisis Intervention Mental Health Services per Diem. In addition, CPT codes and professional evaluation and treatment services may also be billed or bundled into reimbursement rates. For the satellite site, Medicare reimbursement for CPT codes and professional fees rendered by Psychiatrists, Behavioral Health Advanced Practitioners, and Licensed Clinical Social Workers and Professional Counselors will be utilized.
2. Telehealth /Virtual Care services – Medicare reimbursement, while modest, will help support the costs of operation in the current environment. In this rural environment, telehealth visits for urgent care and behavioral health are likely to be increasingly accepted.
3. Program scale and sustainability – This partnership expects that a number of programs will grow to serve a volume of patients that produces scale advantages; this may be built on a regional basis and/or through the collaborative.

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.
Participating Partners and Financial Support List member hospitals/community collaborators and describe any resource sharing, financial support and/or in-kind support, if applicable
Peninsula Regional Medical Center and Atlantic General Hospital along with the local Behavioral Health Authority for Wicomico, Worcester and Somerset Counties will be collaborating with the following organizations to provide care to regional patients: Sante Mobile Crisis Team (resource sharing - mobilization needs for patients in crisis), Life Crisis Center (resource sharing – crisis hotline), the Wicomico, Worcester and Somerset County Health Departments, Lower Shore Clinic, Chesapeake Behavioral Health, Resource Recovery Center, CareFirst Blue Cross / Blue Shield, CRISP.
Implementation Plan
Peninsula Regional Medical Center (PRMC) 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 staff, building IT / data informatics, marketing, and working with community partners to develop a well-integrated system. Although PRMC 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 Wicomico, Worcester and Somerset County Health Departments, Emergency Management Services (EMS), regional behavioral health authorities, and community resources such as Life Crisis Center, National Alliance on Mental Illness and Addiction services will 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 the proposed initiative is $12,405,831.64, 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 Medicare high utilizers face such as living in rural communities, the budget will reflect fees for virtual health applications and resources to address those needs.

2. TARGET POPULATION

Community Profile

The lower Eastern Shore is a rural setting in which patients can access two area hospitals: Peninsula Regional Medical Center and Atlantic General Hospital. Each serves its community of patients, and each hospital has independently made efforts to provide care to patients who have geographical and health disparities. To serve their patients better and to reduce the utilization of the acute care setting, the hospitals are collaborating in a number of initiatives.

Collaboration

Peninsula Regional Medical Center (“PRMC”) is located in Salisbury, Maryland and defines its Primary

Service Area ("PSA") in general terms as Wicomico County, Worcester County and Somerset County on Maryland's Eastern Shore. This tri-county area on the Eastern Shore of Maryland represents roughly 78% of the patients discharged from Peninsula Regional. PRMC's Secondary Service Area ("SSA") consists of parts of Dorchester County in Maryland, Sussex County in Delaware and Accomack County in Virginia. Each of the six counties is classified as a rural county and together they represent a total population of approximately 465,000 people.

PRMC's Primary Service Area and Secondary Service Area are also known for its high percentage of Medicare residents. There is a large influx of retirees from multiple areas coming to the Delmarva Peninsula to enjoy the beach and other amenities the Eastern Shore has to offer. The Primary Service Area Medicare population percentage for 2019 is 23.7% and the Secondary Service Area Medicare population percentage for 2019 is 20.7%. When compared, these percentages are higher than the state of Maryland and the United States percentages.

Income disparity is also prevalent in PRMC's PSA and SSA. For example, the median household income in the Primary Service Area is $52,322 and $53,217 in the Secondary Service Area. These incomes are lower than the median household incomes in the state of Maryland, the state of Delaware and the United States.

PRMC is the leading tertiary care referral center for the Delmarva Peninsula and continues to be a leader in providing care to patients who have geographical and health disparities through multiple initiatives and collaborations with other organizations and hospitals in the region. As such, PRMC is actively partnering with Atlantic General to provide comprehensive care for the region's Medicare high utilizers. Atlantic General Hospital ("AGH") is located in Berlin, Maryland, and defines its primary service area in general terms as Worcester County, MD and Sussex County, DE, and secondary service area as Wicomico County and Somerset County. Together these counties represent a population of approximately 390,000 people. The primary service area has a relatively high percentage of elderly residents (24%) compared to the statewide average (14%). AGH participated in numerous grants in the past for telehealth, health literacy and Patient Centered Medical Home. AGH, along with the Worcester County Health Department (WCHD) has been able to establish outcome data, demonstrating effective infrastructure solutions necessary to support population health.

AGH continues to work with the WCHD, long-term care facilities and the Worcester County Board of Education to identify means to improve health and health care through telemedicine, high-utilizer identification, and health literacy for their population. Based on experience and the review of best practices, AGH continues to identify how their organization can align with appropriate healthcare partners to improve the healthcare delivery system of their community. AGH is engaging in community alignment strategic initiatives that include partnering with independent providers, home health agencies and skilled/long-term facilities. AGH strives to be the leader in caring for people and advancing health for residents and visitors of their community.

Atlantic General Hospital also provides behavioral health services for patients ages 18 and older and has a partnership with the Worcester County Health Department to provide pediatric behavioral health services. AGH also has a partnership with Kennedy Krieger Institute to provide neurodevelopmental specialists for advanced diagnostics and treatment to children and adolescents in our region. In addition to the partnership for pediatric behavioral health, AGH works closely with the Worcester County Health Department, a major behavioral health provider in the county on warm hand-offs and coordinated care for behavioral health patients.

Background of the Problem:
Crisis mental health care is a known problem nationally and locally. Crisis care as described by the Crisis Services Task Force of the National Action Alliance for Suicide Prevention report (2016) "is an evidence-based strategy proven effective for suicide prevention, a preferred strategy for the person in distress, a key element to reduce psychiatric hospital bed overuse, and crucial to reducing the fragmentation of mental health care." Across Maryland and throughout the Lower Eastern Shore, substance abuse, and opioid use disorder in particular, continues to be epidemic resulting in a startling rate of fatal overdoses. Local health system resources are strained as the epidemic continues. The unintentional consequences of reactionary response plans are fragmented care and individuals with mental illness who fall through the cracks in relapse at hospital emergency departments.

Over the past three years, local, state and federal resources have been deployed in response to an epidemic of opioid overdoses. Despite these efforts, the increasing utilization of hospital emergency departments makes evident the lack of behavioral health infrastructure and capacity to divert crisis needs from EDs and inpatient services to more appropriate care settings in the community.

Meanwhile, healthcare costs continue to skyrocket in part by unnecessary ED and hospital utilization. An initial analysis of healthcare spending among Medicare beneficiaries of the Peninsula Regional Clinically Integrated Network found that almost half of the network's patients have behavioral health conditions that resulted in a total cost of care attributed to these conditions totally more than $92 million from May 2018 until April 2019, out of $147 million expenditures for all members. Out of the other conditions reviewed, behavioral health expenditures came second only to hypertension costs.

Traditionally, issues of behavioral health care delivery have been vetted at the county level as opposed to the regional level. PRMC has recently partnered with tri-county community organizations and providers to develop a behavioral health consortium dedicated to improving access to care across the behavioral health spectrum. Improving crisis resources at a regional level will improve patient care, behavioral health services and reduce the total cost of care. Access to crisis services is key to developing sustainable health spending and ensuring appropriate utilization of the health system. A dedicated urgent behavioral healthcare center will normalize experiences and reduce stigma by establishing a community-based setting for immediate care and crisis intervention with strong links to appropriate levels of care throughout the community for ongoing treatment plans.

Targeted Patient Population
Peninsula Regional Medical Center currently provides inpatient adult psychiatry services, adult partial hospitalization services and outpatient behavioral health services for children, adolescents and adults, outpatient substance abuse services for adolescents and adults as well as 24/7 behavioral health services in the emergency department for assessment of psychiatric emergencies. The health system has an active consortium of behavioral health providers who are working together to improve coordination of services throughout the community. Atlantic General Hospital also provides behavioral health services for patients ages 18 and older and has a partnership with tele-psychiatry providers including Sheppard Pratt Health System and Kennedy Krieger Institute. KKI provides neurodevelopmental specialists for advanced diagnostics and treatment to children and adolescents in our region. AGH works closely with Worcester County Health Department, a major behavioral health provider in the county on warm handoffs and coordinated care for behavioral health patients.

The target population for this project are high risk, high utilizing Medicare beneficiaries suffering from complex and chronic conditions, including diagnosed and undiagnosed behavioral health and substance

use diagnoses. The cohort will include Medicare beneficiaries from Somerset, Wicomico and Worcester counties who visit the emergency departments at Atlantic General Hospital in Worcester County or the emergency department at PRMC in Wicomico County due to a behavioral health or substance use condition as the primary, secondary or tertiary diagnosis.

It has been determined by the collaborative group that there is a need for a regional approach to the management of behavioral health services due to remoteness, access to services in the region and cross utilization between the facilities. In 2019, there were a combined total of 7,314 all payer ED utilizers for behavioral health conditions. In 2019, AGH had a total of 562 all payer utilizers with 95 Medicare patients who utilized the ED one or more times for behavioral health services. PRMC had a total of 6,752 all payer utilizers with 1,368 Medicare patients for a combined Medicare baseline population of 1,463 served in the region (7,314 all payer).

The collaboration has determined that all-payer revenue associated with the number of high-utilizer patients who seek care at PRMC and AGH is significant, and therefore it is necessary to provide services to avoid unnecessary utilization of the emergency rooms. The collaboration will target the Medicare utilizer patient population as the first phase of implementation, moving toward expanding the program to Dual-Eligible and Medicaid patients. The target population is: *Medicare and all payer enrollees with one or more ED, inpatient or observation encounter for a behavioral health conditions within a 90-day period*.

Population Health Concerns

Worcester, Somerset and Wicomico Counties are recognized as three rural counties / jurisdictions that are facing unique health concerns including medically underserved areas and difficulty accessing providers due to technology and transportation barriers. The Community Health Needs Assessments (CHNAs) submitted by the collaborative hospitals demonstrated access to care is the number one health concern. The top three barriers to good health cited by residents were costs (29.31%), access to a provider (47.16%) and lack of insurance (23.53%). The demand for addictions, mental health and care coordination services in the area is on the rise creating a need for coordination of treatment and support services. This Regional Partnership will address these top three barriers in the following ways:

- Leverage Care Coordination to link patients to financial counseling, regionally funded addiction resources, and State funded insurance programs to address lack of insurance and cost of care.
- Expand telehealth platforms to increase access to care that is convenient and cost effective.
- Share resources across the Tri-County area to improve access to care.
- Increase access to behavioral health services / crisis intervention for rural residents by implementing a team-driven, population-focused and measurement-guided, evidenced-based behavioral health crisis now care model.
- Establish a sustainable regional collaborative model that provides access to urgent behavioral health assessments and interventions across the region.
- Improve the coordination and timely intervention of current resources with the proposed model for those seeking urgent behavioral health services.
- Reduce the rate of urgent and/or behavioral health associated emergency department visits.

In addition, the Peninsula Regional Clinically Integrated Network has identified high risk, high utilizing beneficiaries within its network and has begun to establish workflows for care coordination across the healthcare system from discharge to primary care provider to home or skilled nursing care. This population has known behavioral health conditions contributing to utilization of the emergency department. Their needs are not being addressed by current healthcare infrastructure. The proposal will

address the gap in behavioral health care by creating a 24/7 23-hour crisis stabilization center in the community with satellite offices for anyone having a behavioral health crisis.

3. PROPOSED ACTIVITIES

Program Description

PRMC and AGH in collaboration with its community partners in the tri-county area will adapt the evidence-based practice established by Crisis Now to address gaps in behavioral health infrastructure. A joint crisis stabilization regional program will be established to essentially serve as a Behavioral Health Urgent Care Center(s) to provides 23-hour crisis stabilization as an alternative to emergency department and psychiatric hospitalization admission by providing 23-hour crisis respite and observation in a community setting(s). The program will consist of a primary site and satellite site(s). The settings 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 is kept. Part of the service offering can be completed via telehealth as needed due to resources and/or ongoing pandemic.

In addition to planning and establishing a Behavioral Health Urgent Care Center (BHUCC) to serve as a crisis stabilization program; PRMC and AGH propose to work with identified partners to coordinate community-based mobile crisis services using face-to face professional and peer intervention, deployed in real time to the location of a person in crisis, in order to achieve the needed and best outcomes for that individual. The grant will allow this partnership to work with existing mobile response teams by expanding them and connecting them to the new regional model. Worcester County has a nationally recognized, evidence-based model for a mobile crisis response team that is deployed with law enforcement to de-escalate behavioral health crises. Wicomico County launched the Community Outreach Addictions Team (COAT) in July 2016 to provide 24-hour phone and in-person support from peer support specialists, links to treatment and resources, naloxone training, outreach and education and ongoing follow up. Sante Mobile Crisis Team provides mobile crisis response services for both Wicomico and Somerset counties.

Wicomico County also opened a safe station in the fall of 2019 as a space to link individuals battling addiction to appropriate treatment and recovery services. The space is housed within the Recovery Resource Center in Salisbury. Each person who enters the safe station is met by a peer in recovery from the COAT team. Recovery safe stations have also been recently established in Worcester and Somerset counties. The BHUUC and mobile crisis teams would enhance and complement these county programs by having a regional resource dedicated to the unique and specific needs of individuals experiencing a mental health or substance use crisis.

Each of these proposed components of the Crisis Now model incorporate the essential principles and practices of trauma-informed care, use of behavioral health and substance abuse, peer staff, commitment to zero suicide/suicide safer care, strong commitment to safety of consumers and staff, collaboration with law enforcement, 24/7 outpatient scheduling and real-time performance outcome dashboards.

PRMC and AGH will work collaboratively with Somerset, Wicomico and Worcester counties, local law enforcement, local health departments, community-based behavioral health providers and organizations to develop a comprehensive crisis response and coordination model following the framework provided in the evidence-based Crisis Now project recommended by the National Action Alliance for Suicide Prevention.

Model Description

The collaboration seeks to align strategies and resources to increase behavioral health crisis care for individuals in the identified service areas. The establishment of a regional behavioral healthcare urgent care center (BHUCC) with at least one proposed satellite site is necessary to ensure this aim. According to SAMHSA's National Guidelines for Behavioral Healthcare: Best Practice Toolkit, "Our country's approach to crisis mental healthcare must be transformed…to represent real-time access to services that align with the needs of the person when the person needs it most."

The Crisis Now model calls for a regional or statewide crisis call center. To that end, this collaboration will coordinate services with the Life Crisis Center. The Life Crisis Center (LCC) is an already established regional crisis call center centrally located in Wicomico County that offers telephonic crisis support through the Maryland Crisis Hotline and the National Suicide Prevention Lifeline. In addition, LCC provides referrals and information to individuals through the Maryland 2-1-1 system. Further, LCC's hotline answers crisis calls for Wicomico, Worcester and Somerset Counties. LCC is certified by the American Association of Suicidology.

The second strategy of the Crisis Now model calls for a centrally deployed 24/7 mobile crisis program. Currently, the collaborative region has access to 2 mobile crisis programs. Sante Mobile Crisis which covers Wicomico and Somerset counties and the Worcester County Crisis Response Team (CRT) that covers Worcester County. It is the intention of this collaboration to align services and work to regionalize and centralize these two services through MOU's with the BHUCC. They will become part of the larger whole and with this regional partnership will be part of a coordination of services to include assisting with responding to individuals in crisis and assisting with drop-offs to the BHUCC as deemed necessary in lieu of utilizing emergency departments.

In alignment with Crisis Now 3rd strategy of offering a 23-hour crisis receiving and stabilization program, the regional partnership will develop the BHUCC with the primary site being located in Wicomico County in close proximity to PRMC that will offer the following services:

- Triage/screening
- Assessments
- De-escalation
- Peer support
- Crisis Counseling
- Medication stabilization and management
- Care navigation and coordination
- Crisis planning and follow-care and linkages to community services

The overall program goal for BHUCC is to offer coordinated, immediate 24/7 behavioral crisis care for individuals in the service area. Not only will the BHUCC offer an alternative site for individuals seeking behavioral health and crisis care to avoid unnecessary utilization of the two emergency departments, it

will strive to be the regional hub to coordinate all crisis care for these individuals. Ideally, individuals will seek BH crisis care sooner, in a less restrictive setting, and will have their care coordinated across all participating community providers to achieve a seamless warm handoff without any lack of continuity of care and/or treatment.

The minimum expectations of the primary BHUCC will include:

- Accepting all referrals – both walk-ins and first responder drop-offs.
- Being available 24/7 365 days a year.
- Having a multidisciplinary team capable of meeting the needs of individuals in crisis to include:
    1. Psychiatrists/Psychiatric Nurse Practitioners (on-site or telehealth)
    2. Nurses
    3. Licensed behavioral health clinicians
    4. Peer support specialists
    5. Community Health workers
    6. Security professionals
- Linkages to follow-up care and warm hand-offs to community BH agencies and referrals,

Resources/Roles Needed at Primary BHUCC

Psychiatrists and Psychiatric Nurse Practitioners - serve as clinical leaders of the multi-disciplinary crisis team. Essential functions include ensuring clinical soundness of crisis services through evaluation of need, continued monitoring of care and crisis service discharge planning:
The role of the psychiatrist/psychiatric nurse practitioner during the evaluation is to:

- Clarify diagnosis and information within any existing psychiatric advance directive (PAD).
- Evaluate and define a course of care for substance use, mental & physical health needs.
- Collaborate with the team to assess risk and level of care needs.
- Participate in establishing patient-centered treatment goals and plans with the team.
- Educate about medications and care options.
- Partner with the team to engage with the person's support system.

The role of the psychiatrist/psychiatric nurse practitioner in continued treatment is to:

- Monitor patient-centered needs and risk while adjusting treatment as needed.
- Collaborate to support movement towards recovery goals in a patient-centered fashion.
- Participate in the delivery of family education as applicable.
- Educate, train and model best practice care to team members during treatment; and
- Provide overall clinical leadership and oversight of patient-centered care.

The role of the psychiatrist/psychiatric nurse practitioner during the discharge process is to:

- Collaborate with the team and those served to develop PAD and discharge plan.
- Prescribe medication to bridge until the person's follow-up appointment.
- Support persons served with education about discharge medications and any follow-up needs or recommendations for monitoring side effects.

Registered Nurses
Psychiatric Registered Nurses (RN) provide professional nursing services to patients requiring psychiatric nursing care. The primary role of the RN is to provide timely care, comfort, and security to the patients and families. The RN will assess the physical, psychosocial and medical needs of patients, and then

monitor status. The RN is an integral member of the collaborative crisis care team and this role will be staffed 24/7.

Patient Technicians

The Psychiatric Patient Technician (PT) will perform selected triage and patient care activities while participating in the multidisciplinary team. The PT facilitates patient check-in, initiates the patient information-gathering process, obtains authorizations for services, completes referrals and provides one-to-one interactions and reports and documents patient observations and behavior.

Behavioral Health Clinicians (LCSW-C/LCPC)

Behavioral Health Clinicians provide clinical assessment and evaluation to patients and are an essential part of the multi-disciplinary team. Essential functions include ensuring clinical soundness of crisis services through evaluation of need, conditioned monitoring of care and crisis services and connections to the community.

The role of the Behavioral Health Clinician is to:

- Complete the clinical assessment to include clinical presentation, psychiatric history, mental status and recommendation for need.
- Provide clinical diagnosis
- Collaborate with psychiatrist and/or psychiatric nurse practitioner
- Link patient to community resources.
- Define a course of care for the patients' needs
- Participate with goal planning with patient and team
- Partner with community resources to meet patients' needs

Community Health Workers

The Community Health Worker (CHW) is responsible for assisting patients and their families in navigating and accessing community services, other resources, and adopting healthy behaviors. The CHW will support the BHUCC through an integrated approach to care management and community outreach. The CHW will promote, maintain, and improve the social determinants of health of patients in crisis.

Security Personnel

The role of the special police/security personnel would be to provide a safe and secure environment both in and around the primary crisis center. The position would be responsible for the protection of the patients, employees and visitors. The role of the special police would be to:

- Patrol the center and surrounding area for any suspicious activity.
- Using crisis intervention training and de-escalation techniques, this role will be an integral part of the multidisciplinary team.
- Maintain cooperative relationship with local law enforcement agencies and other collaborating partners.
- Escort patients that may need a higher level of care to the emergency department in a safe and secure manner.

In addition to the Primary BHUCC, the regional partnership is also proposing a satellite site located in Worcester County within proximity to Atlantic General Hospital. Atlantic General Hospital (AGH) is seeking to redirect non-emergency behavioral health crisis services to a satellite location at the Atlantic Health Center (AHC), a non-regulated walk–in clinic for non-emergency medical care that offers

expanded hours. AHC provides access to outpatient behavioral health and pain management services. AGH plans to re-direct non-emergent behavioral health services through a combination of strategies to serve patients during the allotted hours. These patients would then be diverted after hours to the primary BHUCC. Strategies in expanding AHC include:

- Developing a comprehensive behavioral health crisis program mirrored after the Crisis Now care delivery model.
- The clinic will serve patients Monday thru Saturday.
- Instituting a community education and communications campaign to the community and to healthcare providers about the appropriate use of the Emergency Department (ED) as well as information about the use of the behavioral health services available at Atlantic Health Center.
- Expanding the operating hours of the program as awareness and community needs increase.
- Assessing the reasons patients use the ED at AGH, including mental health/substance abuse, and use this data to define the barriers and fill in gaps to help link to a behavioral health provider.
- Perform on-site and virtual / telehealth assessments and interventions to support patient during a crisis.
- Integrate this crisis center into our Behavioral Health Integration program within our AGH primary care offices

The overall goal of the satellite is to support the primary site and reduce the numbers of patients presenting themselves to the AGH ED with non-emergency behavioral health needs by redirecting them to the Atlantic Health Center (AHC).

Staffing/Resources needed for the satellite side include a Behavioral Health Nurse Practitioner, Licensed Certified Professional Counselor and Behavioral Health Care Coordinator will be hired at the inception of grant funding. In the initial months of the grant, the focus will be placed upon project organization, coordination and implementation. The Behavioral Health Nurse Practitioner and Licensed Certified Professional Counselor will serve as the providers in the clinic under the direction of the Psychiatrist. Urgent behavioral health assessments and interventions will be offered through on-site and virtual encounters. Care Management / navigation services will be integral to a successful program. Working in collaboration with the patient, primary support systems, EMS, and regional behavioral health providers to ensure patients receive immediate support and directed to the most appropriate resources upon resolution of urgent behavioral health needs.

Incorporating a satellite location into the Regional Behavioral Health Crisis model is vital for a regional approach to provide immediate access to urgent behavioral health assessments and interventions for those residing on the lower Eastern Shore due to the rural setting. The satellite program will be an extension of the services provided by the primary site and will serve as part of an integrated behavioral health program. The program will be supported by our existing collaborative relationships with regional stakeholders and community partners.

A community education and communications campaign will be developed to inform the public about the availability of services of both the primary BHUCC and the satellite site. In addition, information will be distributed to primary care providers about the hours of operation and services available so that patients can be referred there in lieu of an emergency department. The public information will be provided through a variety of educational tools and tactics to assure that the audience receives multiple

exposures. Media to be used include the following:

- Print (local)
- Direct mail
- Literature
- Web site promotion
- Social media
- Public relations
- EMS collaborative marketing
- Collaboration with County Health Departments marketing campaigns.

4. MEASUREMENT AND OUTCOMES

PRMC and AGH are working to collectively 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 and readmissions.
- 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.

5. SCALIBILITY AND SUSTAINABILITY

The collaboration is building infrastructure in the first year; these costs focus upon securing care settings, equipment purchasing, marketing, staff recruitment and training to set the foundation for our innovative approach to behavior 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. It is the intention of this collaboration to continually assess for the need of additional satellite sites and/or collaborations with additional community agencies to continue to grow the new model and serve additional individuals.

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 savings associated with the reduction of ED visits and PAU's.

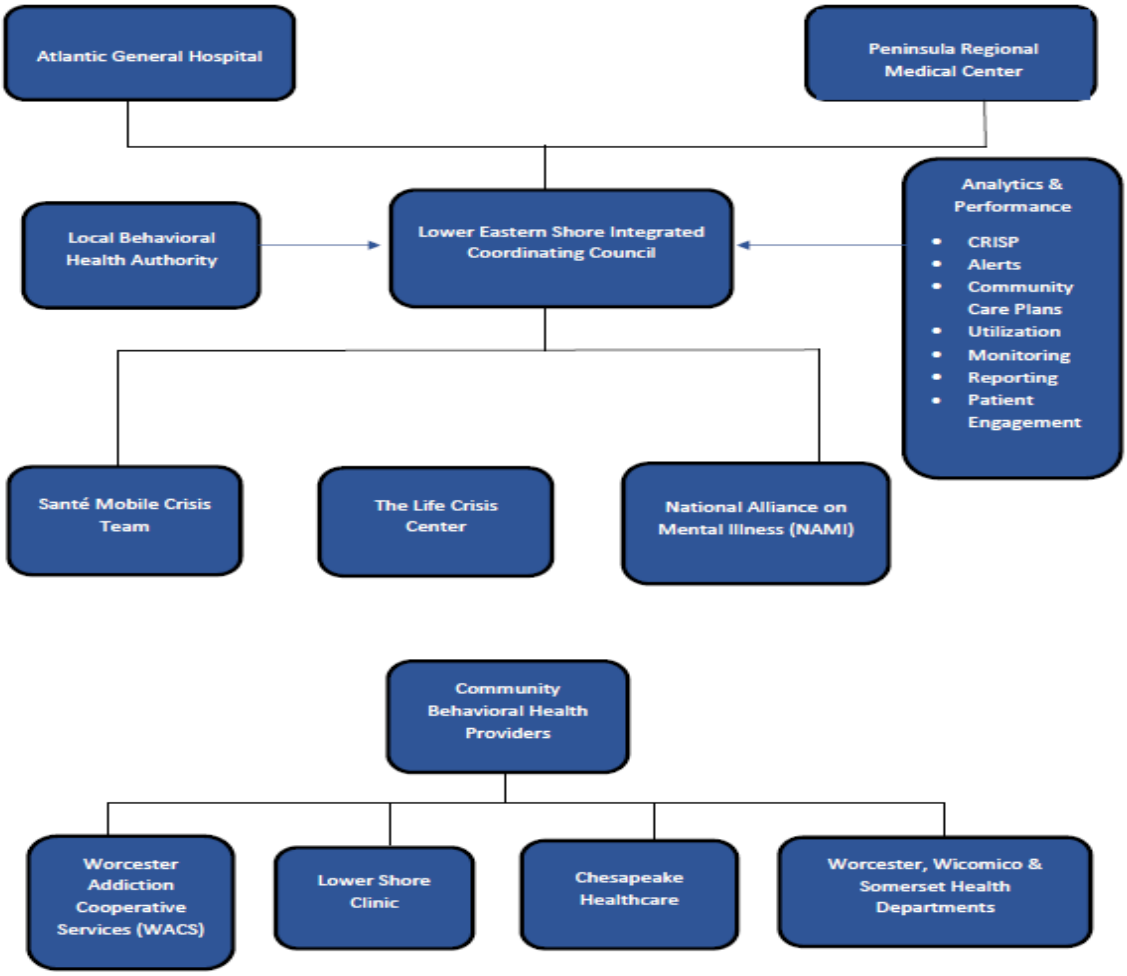
1. For the primary BHUCC, reimbursement for services delivered will be through the nationally recognized HCPCS codes of S9484 Crisis Intervention Mental Health Services per Hour and S9485 Crisis Intervention Mental Health Services per Diem. In addition, CPT codes and professional evaluation and treatment services may also be billed or bundled into reimbursement rates. For the satellite site, Medicare reimbursement for CPT codes and professional fees rendered by Psychiatrists, Psychiatric Nurse Practitioners, and Licensed Clinical Social Workers and Professional Counselors will be utilized.
2. Telehealth /Virtual Care services – Medicare reimbursement, while modest, will help support the

costs of operation in the current environment. In this rural environment, telehealth visits for urgent care and behavioral health are likely to be increasingly accepted.
3. Program scale and sustainability – This partnership expects that a number of programs will grow to serve a volume of patients that produces scale advantages; this may be built on a regional basis and/or through the collaborative.

6. PARTICIPATING PARTNERS AND DECISION-MAKING PROCESS

Peninsula Regional Medical Center and Atlantic General Hospital along with key community agencies have agreed to form a regional partnership to collectively address the crisis and urgent behavioral healthcare needs of the individuals in our region. The focus of this grant application is to address Medicare and ultimately all payer recipients who currently seek crisis behavioral healthcare in our emergency departments. The intention of this regional collaboration is to divert these individuals in crisis to a lower, and less costly, level of care and also to increase access to crisis intervention and behavioral health services sooner to avoid higher levels of care that can occur without timely intervention. Each of the community partners is committed to supporting this regional partnership and establishing the proposed model to fill an identified service gap in the region.

GOVERNANCE CHART



Our proposed regional delivery model is comprised of numerous stakeholders and participating

providers who will be directly involved in the decision-making process. Our local health departments, behavioral health authorities and supporting community behavioral health agencies will convene on a quarterly basis to develop policies, procedures and protocols for community - based interventions. Recommendations will be reviewed and approved by the coalition and shared with Lower Eastern Shore Integrated Coordinating Council and local Behavioral Health Authorities. In addition, the coalition will be responsible for reporting and reviewing data on patient demographics, volumes, success and challenge and identify strategies to improve access, follow-up care services and development of new programs to support the region wide effort.

PARTICIPATING PARTNERS

Name of Collaborator (1):	Chesapeake Health Services
Type of Organization: (i.e. LHIC, Non-Profit, LBHA)	Profit
Amount and Purpose of Direct Financial Support, if any	N/A
Type and Purpose of In-Kind Support, if any	N/A
Type and Purpose of Resource Sharing arrangements, if any	Resource sharing-
Roles and Responsibilities within the Regional Partnership:	
Chesapeake Health Services is an integral part of the local behavioral health community in Wicomico County. They provide same day / next day behavioral health appointments as well as service a large population of the patients in our community for behavioral health services and medication management. They have agreed to participate in the regional collaboration and offer the individuals served in the BHUCC timely follow-up appointments and interventions.	

Name of Collaborator (2):	Life Crisis Center
Type of Organization: (i.e. LHIC, Non-Profit, LBHA)	Non- profit
Amount and Purpose of Direct Financial Support, if any	N/A
Type and Purpose of In-Kind Support, if any	N/A
Type and Purpose of Resource Sharing arrangements, if any	Resource sharing- Crisis Hotline
Roles and Responsibilities within the Regional Partnership:	

This collaboration will coordinate services with the Life Crisis Center utilizing the 1st strategy in the Crisis Now model. The Life Crisis Center (LCC) is an already established regional crisis call center centrally located in Wicomico County that offers telephonic crisis support through the Maryland Crisis Hotline and the National Suicide Prevention Lifeline. LCC provides referrals and information to individuals through the Maryland 2-1-1 system. The crisis hotline answers crisis calls for Wicomico, Worcester and Somerset Counties. This collaboration will be key in identifying individuals in crisis and referring them as appropriate to the BHUCC or community agencies for immediate crisis care and follow-up.

Name of Collaborator (3):	Lower Shore Clinic
Type of Organization: (i.e. LHIC, Non-Profit, LBHA)	Non- Profit
Amount and Purpose of Direct Financial Support, if any	N/A
Type and Purpose of In-Kind Support, if any	N/A
Type and Purpose of Resource Sharing arrangements, if any	Resource sharing-
Roles and Responsibilities within the Regional Partnership:	
Lower Shore Clinic (LSC) is an integral part of the local behavioral health community. They provide same day / next day behavioral health appointments as well as service a large population of the patients in Wicomico County for behavioral health services and medication management. They have agreed to be a collaborative partner for this regional partnership and will work with the BHUCC to offer additional crisis beds, same-day or next day crisis and follow-up appointments. The BHUCC will also be a safe place for the LSC's Assertive Community Treatment (ACT) staff to meet with patients who do not either have a residence and/or a safe place to meet.	

Name of Collaborator (4):	Recovery Resource Center (RRC)
Type of Organization: (i.e. LHIC, Non-Profit, LBHA)	Non- Profit
Amount and Purpose of Direct Financial Support, if any	N/A
Type and Purpose of In-Kind Support, if any	N/A
Type and Purpose of Resource Sharing arrangements, if any	Resource sharing-
Roles and Responsibilities within the Regional Partnership:	

The RRC assists with the re-integration of individuals into the community from an inpatient setting and/or helps those struggles with substance abuse. The center provides a safe space for the recovering individual to learn valuable life-skills. With recovery services and educational workshops such as employment readiness, parenting classes, 12-step meetings, and various engaging activities. In addition, the RRC houses Wicomico County's "safe station" a 24 hour service where individuals seeking recovery can come for an assessment and linkage to the COAT team and resources. The RRC has agreed to this regional partnership and is committed to being a referral source and in meeting the needs of patients who present in crisis to the BHUCC.

Name of Collaborator (5):	Sante Mobile Crisis
Type of Organization: (i.e. LHIC, Non-Profit, LBHA)	Non- profit
Amount and Purpose of Direct Financial Support, if any	N/A
Type and Purpose of In-Kind Support, if any	N/A
Type and Purpose of Resource Sharing arrangements, if any	Resource sharing- crisis stabilization
Roles and Responsibilities within the Regional Partnership:	
PRMC proposes to work with Sante Mobile Crisis to coordinate community-based mobile crisis services for Wicomico and Somerset Counties utilizing the 2nd strategy of the Crisis Now model. This collaboration will align services and work to regionalize and centralize these services through a MOU with the BHUCC. They will become part of the larger whole and with this regional partnership will be part of a coordination of services to include assisting with responding to individuals in crisis and assisting with drop-offs to the BHUCC as deemed necessary in lieu of utilizing emergency departments.	

Name of Collaborator (6):	National Alliance Mental Illness (NAMI)
Type of Organization: (i.e. LHIC, Non-Profit, LBHA)	Not-for profit
Amount and Purpose of Direct Financial Support, if any	No direct financial support
Type and Purpose of In-Kind Support, if any	Community education and outreach
Type and Purpose of Resource Sharing arrangements, if any	Services provided to patients / families across the region.
Roles and Responsibilities within the Regional Partnership:	
Provide outreach and education to the Tri-county area for patients and families with mental illness. NAMI runs support groups for individuals and families experiencing behavioral health issues. The BHUCC will provide a safe space to connect and provide services.	

Name of Collaborator (7):	Somerset County Health Department
Type of Organization: (i.e. LHIC, Non-Profit, LBHA)	State Agency
Amount and Purpose of Direct Financial Support, if any	N/A
Type and Purpose of In-Kind Support, if any	N/A
Type and Purpose of Resource Sharing arrangements, if any	Resource sharing-Peer Support, Behavioral Health and Substance Treatment
Roles and Responsibilities within the Regional Partnership:	
Wicomico County HD houses the LBHA and LHIC that will be instrumental in the governance and oversight of the regional collaboration. In addition, the Community Outreach Addictions Team (COAT) team provides 24-hour phone and in-person support from substance abuse peer support specialists, links to treatment and resources. The COAT team will be utilized as a resource for the BHUCC.	

Name of Collaborator (8):	Wicomico County Health Department
Type of Organization: (i.e. LHIC, Non-Profit, LBHA)	LBHA, LHIC
Amount and Purpose of Direct Financial Support, if any	N/A
Type and Purpose of In-Kind Support, if any	N/A
Type and Purpose of Resource Sharing arrangements, if any	Resource sharing-Peer Support, Behavioral Health and Substance Treatment
Roles and Responsibilities within the Regional Partnership:	
Wicomico County HD houses the LBHA and LHIC that will be instrumental in the governance and oversight of the regional collaboration. In addition, the Community Outreach Addictions Team (COAT) team provides 24-hour phone and in-person support from substance abuse peer support specialists, links to treatment and resources, naloxone training, outreach and education and ongoing follow up. The COAT team will be utilized as a resource for the BHUCC.	

Name of Collaborator (9):	Worcester County Health Department
Type of Organization: (i.e. LHIC, Non-Profit, LBHA)	State Agency
Amount and Purpose of Direct Financial Support, if any	Behavioral Health Community Health Outreach Workers (CHOWS) and Worcester Addiction operative Services (WACS), Crisis Response Team (CRT)
Type and Purpose of In-Kind Support, if any	Addiction services and outreach coordination for persons with addictions / behavioral health.
Type and Purpose of Resource Sharing arrangements, if any	Services mainly rendered in the satellite location. However; serve patients across the Tri-county area.

Roles and Responsibilities within the Regional Partnership:
Responsible for the provision of: CHOWS' are contacted upon identification of all patients who present to the Atlantic General Hospital emergency department for overdose or behavioral health conditions and assist with linkage to community programs. The WACS center serves as an intake area for those seeking care within the health department system. (No direct financial support). CRT will serve as a member of the regionalized mobile crisis response program. It is an existing mobile crisis team that will be coordinated and regionalized through the new crisis center(s).

7. IMPLEMENTATION WORK PLAN

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Behavioral Health Catalyst Grant - Project Timeline						2020						2021						2022				2023				2024				2025			
#	Name	Pln Start	Pln Comp	Assigned To:	% Complete	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1	**Year One**	**July 2020**	**June 2021**			Year One																											
2	Planning Phase	**July 2020**	**Sept 2020**																														
3	Develop Business Plan	July 2020	Aug 2020																														
4	a. Crisis Services	July 2020	July 2020																														
5	b. Urgent Care	Aug 2020	Aug 2020																														
6	Develop Memo of Understanding (MOU)	Sept 2020	Sept 2020																														
7	Schedule Council Meetings	Sept 2020	Sept 2020																														
8	Determine Subcommittees	Sept 2020	Sept 2020																														
9	Schedule Meetings for BH staff	Sept 2020	Sept 2020																														
10																																	
11	**Facilities / Infrastructure Phase**	**Sept 2020**	**Dec 2020**																														
12	Determine Facility Needs	Sept 2020	Oct 2020																														
13	Determine Infrastructure Needs	Oct 2020	Oct 2020																														
14	Identify Space Allocation	Oct 2020	Oct 2020																														
15	Coordinate procurement	Nov 2020	Dec 2020																														
16																																	
17	**Policies/Procedures Phase**	**Oct 2020**	**March 2021**																														
18	Determine Policy/Procedures needed	Oct 2020	Nov 2020																														
19	Draft/Update Policy/Procedures	Dec 2020	Jan 2021																														
20	Gain Organizational Approval	Feb 2021	Feb 2021																														
21	Finalize Policy/Procedures	March 2021	March 2021																														
22																																	
23	**Recruitment Phase**	**Dec 2020**	**March 2021**																														
24	Psychiatrist/Psychiatric Nurse Practitioner	Dec 2020	March 2021																														
25	Confirm Job Description	Dec 2020	Dec 2020																														
26	Recruit/Hire	Jan 2021	March 2021																														
27	Onboard/Train	March 2021	March 2021																														
28																																	
29	Licensed Certified Professional Counselor/ Clinical Social Woker/Clinical Supervisor	Dec 2020	March 2021																														
30	Confirm Job Description	Dec 2020	Dec 2020																														
31	Recruit/Hire	Jan 2021	March 2021																														
32	Onboard/Train	March 2021	March 2021																														
33																																	
34	Behavioral Health Care Manager/ Community Health Worker/ Rn's/Psychiatric Technicians/Security	Dec 2020	March 2021																														
35	Confirm Job Description	Dec 2020	Dec 2020																														
36	Recruit/Hire	Jan 2021	March 2021																														
37	Onboard/Train	March 2021	March 2021																														
38																																	
39	**Equipment Procurement Phase**	**Jan 2021**	**April 2021**																														
40	Determine Needs	Jan 2021	Jan 2021																														

Behavioral Health Catalyst Grant - Project Timeline						2020						2021						2022				2023				2024				2025			
#	Name	Pln Start	Pln Comp	Assigned To:	% Complete	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
41	Obtain Funding Approval	Feb 2021	Feb 2021																														
42	Purchase Equipment	March 2021	March 2021																														
43	Install Equipment	April 2021	April 2021																														
44																																	
45	**Training Phase**	**Jan 2021**	**April 2021**																														
46	Determine Audience	Jan 2021	Jan 2021																														
47	Develop Training Materials	Feb 2021	March 2021																														
48	Provide Training	April 2021	April 2021																														
49	1. Providers/Staff	April 2021	April 2021																														
50	2. Community Part.	April 2021	April 2021																														
51	3. Law Enforcement	April 2021	April 2021																														
52	4. EMS	April 2021	April 2021																														
53																																	
54	**Develop marketing strategy**	**Feb 2021**	**April 2021**																														
55	Define needs	Feb 2021	Feb 2021																														
56	Develop marketing plan	March 2021	April 2021																														
57	Implement marketing plan	April 2021	April 2021																														
58																																	
59	**Deploy initial services**	**May 2021**	**June 2021**																														
60																																	
61	**Review Year One Activities**	**June 2021**	**June 2021**																														
62	Document Lessons Learned	June 2021	June 2021																														
63	Review Team Assignments	June 2021	June 2021																														
64	Confirm Year Two Schedule	June 2021	June 2021																														
65																																	
66																																	
67	**Year Two**	**July 2021**	**June 2022**															Year Two															
68	**Fully deploy services**	July 2021	June 2022																														
69																																	
70	**Perform Quarterly Project Review**	**July 2021**	**June 2022**																														
71	Timely care	July 2021	June 2022																														
72	Safety	July 2021	June 2022																														
73	Access	July 2021	June 2022																														
74	Patient Satisfaction	July 2021	June 2022																														
75	Present at Quarterly Meetings	July 2021	June 2022																														
76																																	
77	**Track Quality Measures**																																
78	Determine Baseline Measurements	**July 2021**	**July 2021**																														
79	Capture Results	Aug 2021	June 2022																														
80	Review Results	Aug 2021	June 2022																														
81	Take Corrective Action	Aug 2021	June 2022																														
82																																	
83	**CRISP Data Mining -after 90 days**	**Oct 2021**	**June 2022**																														
84	Review available data	Oct 2021	Oct 2021																														

Behavioral Health Catalyst Grant - Project Timeline						2020						2021						2022				2023				2024				2025			
#	Name	Pln Start	Pln Comp	Assigned To:	% Complete	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
85	Determine monthly reporting	Nov 2021	June 2022																														
86	Review Results	Nov 2021	June 2022																														
87	Take Corrective Action	Nov 2021	June 2022																														
88																																	
89	**Program Expansion - after 90 days**	**Oct 2021**	**June 2022**																														
90	Incorporate additional partners/resources	Oct 2021	June 2022																														
91	Integration with behavioral health authori	Oct 2021	June 2022																														
92	Review and expand marketing strategies	Oct 2021	June 2022																														
93	Evaluate total cost of care	Oct 2021	June 2022																														
94	Evaluate ED recidivism	Oct 2021	June 2022																														
95																																	
96	**Year Three**	**July 2022**	**June 2023**																			Year Three											
97	Perform Quarterly Project Review	July 2022	June 2023																														
98	Track Quality Measures	July 2022	June 2023																														
99	Program Expansion	July 2022	June 2023																														
100																																	
101	**Year Four**	**July 2023**	**June 2024**																						Year Four								
102	Perform Quarterly Project Review	July 2023	June 2024																														
103	Track Quality Measures	July 2023	June 2024																														
104	Demonstrate Reductions	July 2023	June 2024																														
105	a. BH ED utilization by 10%	July 2023	June 2024																														
106	b. 30 day readmiss.	July 2023	June 2024																														
107	c. Total cost of care BH pt	July 2023	June 2024																														
108	d. Improve Patient Experience	July 2023	June 2024																														
109																																	
110	**Year Five**	**July 2024**	**June 2025**																										Year Five				
111	Perform Quarterly Project Review	July 2024	June 2025																														
112	Track Quality Measures	July 2024	June 2025																														
113	Demonstrate Reductions	July 2024	June 2025																														
114	a. BH ED utilization by 20%	July 2024	June 2025																														
115	b. 30 day readmiss.	July 2024	June 2025																														
116	c. Total cost of care BH pt	July 2024	June 2025																														
117	d. Improve Patient Experience	July 2024	June 2025																														

SECTION II: FINANCIAL PROJECTIONS

1. BUDGET

Hospital/Applicant:	Peninsula Regional Medical Center / Atlantic General Hospital		
Regional Partnership Members:			
Funding Track:	Regional Partnership Behavioral Health Catalyst Grant		
Total Budget Request:	**Budget**	**AGH**	**PRMC**
	Year 1	$684,246.25	$1,754,204.00
	Year 2	$695,707.18	$1,704,349.56
	Year 3	$709,437.32	$1,768,024.83
	Year 4	$723,442.06	$1,798,701.61
	Year 5	$737,726.91	$1,829.991.92
	5 Year Total	$3,550,559.72	$8,855,271.92
	Total Request	**$12,405,831.64**	

Workforce/Type of Staff	Description	Amount
AGH – Psychiatrist – Psychiatrist NP – Director – Pharmacist – Social Worker – Care Manager – Clerical – Data Analyst	**AGH** 0.25- Psychiatrist (oversight) 2.0- Psychiatrist NP (provider) 0.25- Director (in-kind) 0.50- Pharmacist 1.0- Social Work 1.0- Care Manager 1.0 Writer/Data Collector	**AGH Salaries** Year 1 $673,046.25 Year 2 $686,507.18 Year 3 $700,237.32 Year 4 $714,242.06 Year 5 $728,526.91 **AGH 5 YR Total $3,502,559.72**
PRMC – Psychiatrist – Psychiatrist NP – Clinical Supervisor (LCSW-C) – Registered Nurse – Behavioral Health Clinician – Community Health Worker – Psych Technicians – Security	**PRMC** 1.0- Psychiatrist 1.0- Psychiatrist NP 1.0- Clinical Supervisor 2.5- Registered Nurse 4.0- Behavioral Health Clinician 1.0- Community Health Worker 2.5- Psych Technicians 2.5- Security	**PRMC Salaries** Year 1 $1,474,278.00 Year 2 $1,503,763.56 Year 3 $1,533,838.83 Year 4 $1,564,515.61 Year 5 $1,595,805.92 **PRMC 5 YR Total $7,672,201.92**

IT/Technologies/Misc.	Description	m
AGH – Computers – Travel – Marketing – PPE Cost – Education	**AGH** Lap Top Computer x 2 Travel Expenses Marketing PPE Cost Patient Education	**AGH IT Technologies / Miscellaneous** Year 1 $11,200 Year 2 $9,200 Year 3 $9,200 Year 4 $9,200 Year 5 $9,200 **AGH 5 YR Total $48,000**
PRMC – Computers – Travel – Furniture – Marketing – PPE Cost – Security Cost – Crisis Stabilization Chairs – Medical Scale – Blood Pressure Machine – Medical Supplies – Training needs	**PRMC** Computers, furniture, Security, PPE, Equipment, Supplies, Retail space / Leasing, marketing	**PRMC IT Technologies / Miscellaneous** Year 1 $279,926 Year 2 $200,586 Year 3 $234,186 Year 4 $234,186 Year 5 $234,186 **PRMC 5 YR Total $1,183,070** **Total IT / Miscellaneous $1,231,070**

2. BUDGET AND EXPENDITURES NARRATIVE

The summary of program objectives and measurable outcomes are included in the joint grant budget report submitted by PRMC on behalf of the Regional Catalyst Grant partnership. A description of each expense category and partners is defined below. The focus of the budget request is directed towards salaries and infrastructure support.

Psychiatrist- Salaries reflect 1.0 FTE Psychiatrist for a full -time role in the primary crisis center located in Salisbury, MD reflective of 8 hours per day, 5 days per week. Services include on-site as well as telehealth encounters. Atlantic General Hospital will allocate 0.25 Psychiatrist to support the satellite program, serve as Medical Director and oversight of Nurse Practitioners.

Psychiatric Nurse Practitioners (PNP) - This includes 1.0 FTE PNP for the Peninsula Regional program to augment the services provided by Psychiatrist for both on-site and virtual visits to be performed 7 days per/week. Atlantic General Hospital will recruit and hire 2.0 FTE PNP to serve as the providers for crisis intervention six days per/week (Monday through Saturday 10am-6pm).

Medication Therapy Management- The 0.5 pharmacist trained in the provision of Medication Therapy Management services will consult with patients and providers (in person and via telehealth) to evaluate current medication regime, analyze and provide recommendations and provide patient education.

Director-Program oversight be rendered as (in-kind) services by Director's who will serve as leaders,

facilitate region wide collaboration and meetings to ensure the behavioral program achieves and sustains quality outcomes, grant metrics / goals, and financial projections.

Licensed Clinical Social Workers/Professional Counselor – This includes 4.0 FTEs to provide clinical assessment and evaluation to patients in the primary crisis center. Essential functions include ensuring clinical soundness of crisis services through evaluation of need, conditioned monitoring of care and crisis services and connections to the community.

Clinical Supervisor (PRMC) - This 1.0 FTE would be an LCSW-C or LCPC who will provide clinical assessments and who also provides managerial and operational oversight to the crisis center staff. This role carries out the personnel activities associated with direct staff supervision, as well as directly supervises and coordinates the BHUCC patient flow.

Registered Nurses (PRMC) – This 2.5 FTE role provides professional nursing services to patients in crisis. The primary role of the RN is to provide timely medical care, comfort, and security to the patients and families. The RN will assess the physical, psychosocial and medical needs of patients, and then monitor status. The RN is an integral member of the collaborative crisis care team and this role will be staffed 24/7.

Psychiatric Technicians (PRMC) – This 2.5 FTE role will perform selected triage and patient care activities including facilitating patient check-in, initiating the patient information-gathering process, obtaining authorizations for services, completing referrals and provides one-to-one interactions and reports and documenting patient observations and behavior. This role is staffed 24/7.

Data Analyst- This position is a 1.0 FTE. The role of this person is to monitor both financial and quality metrics for the services offered in the grant. In addition utilizing clinical and financial data they will assist operations in the reduction of avoidable costs. While recruiting and training this role was covered by outsourcing monitoring services to allow quality personnel and analysts to assist with the grant.

Community Health Worker (CHW)- PRMC will utilize a 1.0 CHW who will be responsible for assisting patients and their families in navigating and accessing community services, other resources, and adopting healthy behaviors. The CHW will support the BHUCC through an integrated approach to care management and community outreach. The CHW will promote, maintain, and improve the social determinants of health of patients in crisis.

Atlantic General Hospital will be cover services through an existing partnership with Worcester County Health Department which includes two full-time behavioral health CHW's to support immediate intervention and assessment in the ED and community settings 5 days per/week.
Behavioral Health Care Coordinator (AGH)- The model has been expanded to incorporate these specialties. A clinical nurse coordinator for management of urgent and chronic behavioral health services, linkage to community based programs and follow-up interventions and care planning to ensure patient safety and compliance with personalized treatment plans.

Security (PRMC)- The role of the 2.5 FTE special police/security personnel would be to provide a safe and secure environment both in and around the primary crisis center. The position would be responsible for the protection of the patients, employees and visitors. This role will be staffed 24/7.

Employee Benefits- Represents estimated benefit costs at 24.5% based on overall salary costs.

Capital Investments - Capital expenses will fund the infrastructure required for services to include leases and equipment.

Travel/ Marketing / Supplies- Patient education, marketing, PPE and travel expenses (Mileage) for travel to regional forums.

At the primary BHUCC, it is intended that cost savings will be the primary financial driver in Years 1-5. In CY2019, PRMC had 6,752 patients who utilized the ED with a primary, secondary or tertiary behavioral health diagnosable condition. The charges for an ED Visit Levels 3, 4, or 5 are below. Using the target of reducing ED utilization by 20% of total patients seen in CY 2019, that equates to 1,316 patients. Multiplying the 1,316 patients by the prices of each level of Emergency Room visit, the total potential cost savings for diverting these patients to the BHUCC are below:

Emergency Room		20% of Total BH ER Patients	Total Costs
Level 3 Visit	$216.00	1,316	$284,256
Level 4 Visit	$432.00	1,316	$568,512
Level 5 Visits	$756.00	1,316	$994,896

Total Charges per ED Patient Visit CY2019
Total Patients with Patient Type NOT Emergency (Level 1 and 2) in CY2019: 513
Total Charges associated with Total Patients with Patient Type NOT Emergency: $4,418,739
Average Charge per Patient: $4,418,739/513 = $8,614
Average Charge per Patient X 20% of Total BH ED Visits = $8,614 x 1,316 = $11,338,846

Diversion of non-emergent behavioral health patients to the BHUCC constitutes significant cost savings. For the satellite site (AGH) financial projections and program sustainment are based upon cost savings associated with diversion of ED visits and billable services for initial and follow-up consultations performed by behavioral health providers. The charges for ED visits level 3 and 4 are below. Assuming 20% of these patients (336 patients) are diverted to the Crisis Center that would have a corresponding savings of $162,399 per/year based upon Level 3 and level 4 services.

Emergency Room		Total BH ER Patients	Total Costs
Level 3	$361.21	168	$60,900 per/year
Level 4	$602.01	168	$101, 499 per/year

Additionally, Atlantic General Hospital projects the following revenue across the five -year period: Assumptions include each new patient will receive one initial visit with 3 follow-up visits @ 80% of allowed amounts (Nurse Practitioner fees).

CPT Code	Yr. 1 (FY21)	Yr. 2 (FY22)	Yr.3 (F Y23)	Yr. 4 (FY24)	Yr. 5 (FY25)
90837 @ $325	$87,600	$92,056	$96,858	$101,491	$106,566
90834 @ $217	$234,152	$245,859	$258,152	$271,060	$248,613

Additional revenue will come from Psychiatry consultations as well as billable pharmaceuticals.