

FAMILY AND HUMANS SERVICES

RESOLUTION NO. 2015055

RE: AUTHORIZING THE ACCEPTANCE OF FUNDS FROM THE MID HUDSON REGIONAL HOSPITAL OF WESTCHESTER MEDICAL CENTER (MHRH) AND AMENDING THE 2015 ADOPTED COUNTY BUDGET AS IT PERTAINS TO THE DEPARTMENTS OF HEATH AND MENTAL HYGINE (A.4320)

LEGISLATORS HORTON, FLESLAND, BOLNER, KELSEY, JETER-JACKSON, MAC AVERY, STRAWINSKI, and IGNAFFO offer the following and move its adoption:

WHEREAS, the Commissioner of Mental Hygiene has advised that the Mid Hudson Regional Hospital of Westchester Medical Center (MHRH) has proposed to enter into an Agreement with Dutchess County to fund an expansion of the Department of Mental Hygiene's Mobile Crisis Intervention Team to a 24/7/365 operation, and

WHEREAS, it is necessary for this Legislature to authorize the acceptance of the funds from the MHRH and to amend the 2015 Adopted County Budget to provide for the receipt and expenditure of said funds, now therefore, be it

RESOLVED, that this Legislature hereby authorizes the County Executive to accept the funds from the MHRH in connection with the above and further authorizes and empowers the County Executive to execute the Agreement, a copy of which is attached, as well as any amendments on behalf of the County of Dutchess, and be it

RESOLVED, that the Commissioner of Finance is authorized, empowered and directed to amend the 2015 Adopted County Budget as follows:

APPROPRIATIONS

Increase

A.4320.68.4412 Grant Project Costs \$520,520

REVENUES

Increase

A.4320.68.162000.17 MH Fees - MHRH \$520,520

CA-049-15

kvh G-0167 2/19/15

Fiscal Impact: See attached statement

STATE OF NEW YORK

ss:

COUNTY OF DUTCHESS

This is to certify that I, the undersigned Clerk of the Legislature of the County of Dutchess have compared the foregoing resolution with the original resolution now on file in the office of said clerk, and which was adopted by said Legislature on the 9th day of March 2015, and that the same is a true and correct transcript of said original resolution and of the whole thereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal of said Legislature this 9th day of March 2015.

CAROLYN MORRIS, CLERK OF THE LEGISLATURE

FISCAL IMPACT STATEMENT

NO FISCAL IMPACT PROJECTED

APPROPRIATION RESOLUTIONS

(To be completed by requesting department)

Total Current Year Cost \$ 520,520

Total Current Year Revenue \$ 520,520
and Source

Contract with MidHudson Regional Hospital of Westchester Medical Center

Source of County Funds *(check one)*: Existing Appropriations, Contingency,
 Transfer of Existing Appropriations, Additional Appropriations, Other *(explain)*.

Identify Line Items(s):

Related Expenses: Amount \$ 0

Nature/Reason:

Anticipated Savings to County: \$ 0

Net County Cost (this year): \$ 0
Over Five Years: \$ 0

Additional Comments/Explanation:

The MidHudson Regional Hospital of Westchester Medical Center (MHRH) has proposed to fund an expansion of the Department of Mental Hygiene's Mobile Crisis Intervention Team to a 24/7/365 operation. The intent of the funding is to reduce unnecessary visits to MHRH's ER by Dutchess County residents for behavioral health issues not requiring inpatient stays at MHRH.

Prepared by: Gerald A. Brisley, II, MBA

CMC 11343

AGREEMENT

BETWEEN

**MIDHUDSON REGIONAL HOSPITAL
OF WESTCHESTER MEDICAL CENTER**

AND

DUTCHESS COUNTY DEPARTMENT OF MENTAL HYGIENE

WITH REGARD TO

CARE MANAGEMENT AND COLLABORATIVE SERVICES

This AGREEMENT, effective as of January 1, 2015 ("Effective Date") is by and between WESTCHESTER MEDICAL CENTER, a public benefit WMC existing by virtue of the laws of the State of New York, having an office at Executive Offices at Taylor Pavilion, 100 Woods Road, Valhalla, New York 10595 ("WMC") and DUTCHESS COUNTY DEPARTMENT OF MENTAL HYGIENE with an office at 230 North Road, Poughkeepsie, New York ("DMH"). Individually, WMC and DMH may be referred to as a "Party," and together WMC and DMH may be referred to as the "Parties."

RECITALS

WHEREAS, the Parties agree to work collaboratively to provide care and assistance to mentally ill, chemically dependent and/or developmentally disabled persons residing in Dutchess County.

Background

MidHudson Regional Hospital of Westchester Medical Center ("MHRH") located at 241 North Road, Poughkeepsie, New York, is a community hospital that provides acute psychiatric services. MHRH is designated as an emergency admission hospital under the NYS Mental Hygiene Law, Article 9.39, and is committed to the treatment of the mentally ill and the chemically dependent. As a 9.39 facility, the hospital operates an emergency service in the Emergency Department (ED) providing psychiatric assessment, intervention, treatment, information and referral services. ED operates 24 hours a day/7 days a week. MHRH operates two (2) mental health inpatient units providing acute care 24 hours a day/7 days a week. The certified bed capacity of 40 mental health beds includes a 23 bed General Care Unit (5 Thorne) and a 17 bed Special Care Unit (5 Spellman). MHRH also provides a voluntary adult inpatient chemical dependency service; Detox unit certified at 10 beds and the Rehab unit certified at 50 beds also operating 24/7. Additional services at MHRH include an outpatient mental health clinic serving children, adolescents, and adults as well as an outpatient chemical dependency clinic and day rehabilitation program serving individuals 18 and older.

The Dutchess County Department of Mental Hygiene (DMH) is that part of local government that oversees and monitors the county's public mental hygiene system which includes prevention, treatment and rehabilitation services provided to mentally ill, chemically dependent and/or intellectually and developmentally disabled persons residing in Dutchess County. DMH operates HELPLINE (845-485-9700; or toll-free, 877-485-9700), which is a 24 hour/7 day-a-week, telephone/texting counseling service that provides callers/texters with crisis intervention, information and referral. In addition, HELPLINE staff provides pre-intake evaluations for all public sector outpatient mental hygiene programs, as well as monitor the suicide prevention call boxes located on the bridges operated by the NYS Bridge Authority and on the Walkway Over the Hudson. If the DMH Commissioner, Care Manager or other staff from DMH, MHRH, HVMH, Inc., LCR, Inc., or Astor need to be contacted, HELPLINE may be called. HELPLINE will notify and consult with the resources needed. Finally, ambulance authorizations are coordinated through HELPLINE for emergency psychiatric admissions of all Dutchess County residents to other hospitals. DMH also operates a Crisis Prevention and Stabilization Program (known as the Mobile Crisis Intervention Team to the Community) that provides engagement, symptom reduction and stabilization to children, youth and adults who experience mental health and chemical dependency challenges. The Crisis Prevention and Stabilization programs services are currently available year round 8:00 am to 8:00 pm, Monday – Friday and 8:00 am to 4:00 pm Saturday, Sunday and holidays.

NOW, THEREFORE, in consideration of the mutual promises set forth herein, MHRH and DMH hereby agree as follows:

1) Collaboration

- a). Operating within a regional system of coordinated behavioral health care, MHRH and DMH shall work closely to assure that orderly and collaborative treatment is provided by MHRH and community-based services.
- b). Together, MHRH and DMH shall provide MHRH communities with behavioral health emergency, crisis prevention, stabilization and referral services, 24 hours a day/7 days a week. These services will be provided under the direction of MHRH Medical Staff and shall be executed by qualified and experienced MHRH and DMH personnel.

2) MidHudson Regional Hospital of Westchester Medical Center

- a) The MHRH Emergency Department's Behavioral Health Unit, also known as the Father Brim Center (FBC) is a 10 bed unit where behavioral health patients are evaluated. MHRH agrees to provide care to all patients in need of behavioral health services without regard to age, race, color, religion, gender, sexual orientation, ability to pay or other disabling conditions.

i) Emergent/Acute Behavioral Health Services provided by MHRH include:

- (1) All persons presenting to the MHRH Emergency Department for behavioral reasons will undergo a medical screening and a psychiatric evaluation consistent with MHRH policy.
- (2) All persons experiencing a behavioral health emergency will have a traditional face-to-face (or an alternative method of encounter such as Tele-psychiatry) emergency evaluation with the goal of a rapid evaluation and disposition, which can occur within the MHRH ED, not solely in the FBC
- (3) Emergency Behavioral Health Treatment will be determined on a case by case basis by a qualified medical professional and may include:

- (a) Psychotherapeutic intervention
- (b) Psychopharmacology
- (c) Supportive therapy
- (d) Psycho-educational information
- (e) Acute behavioral management, as necessary

ii) Emergency referral may be made for acute inpatient care to:

- (1) MHRH Inpatient Units
- (2) Other community-based inpatient facilities

(3) Rockland Psychiatric Center

(4) Any other facility determined appropriate by the treating physician or other medical professional

iii) Referrals to outpatient treatment may include:

(1) ARC of Dutchess County

(2) Astor Child Guidance Clinics

(3) DMH Alcohol & Chemical Dependency Programs

(4) HMO Providers

(5) New York State Children and Family Services

(6) Private Psychiatrists, Psychologists and Social Workers

(7) Abilities First, Inc.

(8) Taconic DDSO

(9) MHRH Mental Health Clinic

(10) MHRH Turning Point Programs

(11) Hudson Valley Mental Health Clinics, Inc. (HVMH)

(12) Lexington Center for Recovery, Inc. (LCR)

(13) Alcohol and Substance Abuse Clinics

(14) Occupations, Inc. — Personalized Recovery Oriented Services

(15) Mental Health America of Dutchess County, Inc.

(16) Personalized Recovery Oriented Services

(17) DMH Crisis Prevention & Stabilization Team (adults and children)/
Astor Mobile Crisis Intervention Team

(18) DMH Partial Hospital Program

iv) Supportive residential settings: Patients may be referred for intermediate care, that is, a level of care less intensive than acute hospitalization including, but not limited to:

(1) Crisis Residence (NYS Office of Mental Health)

(2) Skilled Home Care

(3) Astor Home-Based Crisis Intervention (HBCI)

(4) Mid-Hudson Addiction Recovery Centers (MARC)

(5) MHRH Turning Point Intensive Outpatient Program and Day Rehab

b) Responsibility of MHRH ED concerning community agencies

- i) Crisis Residence. MHRH has agreed to continue referrals from the MHRH ED to Crisis Residence, in accordance with MHRH policies and procedures. ED will use the Crisis Residence/Mobile Team Referral Form.
- ii) Mid-Hudson Addiction Recovery Centers (MARC). MHRH agrees to refer patients to MARC's Alcohol Crisis Center, in accordance with MHRH policies and procedures. MHRH agrees to coordinate referrals and treatment with MARC.
- iii) MHRH understands that DMH has 30 day take back agreement with Rockland Psychiatric Center. Upon proper notification by DMH of such agreements on specific patients, MHRH agrees to reasonably accommodate DMH with its obligations to the extent consistent with MHRH policies and procedures. It is understood that it is necessary to monitor these lists on a monthly basis. DMH, by way of HELPLINE, will coordinate such referrals back to Rockland Psychiatric Center.

c) Patient Assessment

- i) Patients who present at MHRH ED with a behavioral health emergency will be registered and processed in accordance with MHRH policies. Patients may be directed to the Triage Area for preliminary assessment, registration and depending upon the patient's acuity and room availability, the patient may be moved directly to the FBC. Patients who need a behavioral health evaluation may be evaluated and provided a disposition within the ED. This evaluation does not necessarily need to be within the FBC.
- ii) When individuals who are registered patients in the publicly funded mental health and chemical dependency clinics (DMH) present for care (as set forth on Schedule A attached hereto) in the MHRH ED, MHRH may contact the DMH HELPLINE to obtain relevant clinical information concerning the patient. HELPLINE shall maintain a database of information for patients open in all publicly funded programs. This information may be accessed in emergency circumstances by the MHRH ED. When requested by the treating health care provider, HELPLINE will attempt to locate the primary therapist or Care Manager for consultation with the MHRH ED. Once contacted, the therapist will make every effort to respond to the MHRH ED as soon as possible. However, if the therapist is unable to respond or cannot be reached, MHRH will provide customary care and treatment.
- iii) Billing. MHRH patients will be billed by MHRH and treating physicians/psychiatrists in accordance with MHRH policy and physician/psychiatrist policy, as applicable.

3) Collaborative Services: Regional Approach to Crisis Prevention and Stabilization

a) Crisis Prevention & Stabilization Team (CPST)

- i) DMH will provide to MHRH the services of 7.7 FTE licensed provider stationed within the MHRH ED 24 hours/day 7 days/week, (equal to 1 FTE at all times, with the exception noted in Schedule C) in the form of a Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor, or experienced professionals with a strong Care Management background ("CPST Services"). Any DMH personnel working onsite at MHRH must be approved by WMC in advance.
- ii) DMH will provide CPST Services during the Term of this Agreement with the goal of providing assistance to MHRH and support to individuals who are in mental health crisis and/or at risk of inpatient psychiatric hospitalization. The CPST Services include rendering rapid evaluations, dispositions and connecting patients to community-based services to promote individual recovery and reduce the need for inpatient hospitalization.
- iii) CPST staff will identify individuals who present in the MHRH ED, but do not require inpatient hospitalization. The CPST will develop and operationalize a treatment plan for community services as an alternative to hospitalization and will be responsible for linking the individual to community-based treatment and rehabilitative programs.
- iv) CPST and the MHRH staff will meet regularly to review cases referred and document outcomes with the goal of reducing the number of ED visits for each person that has been identified as a frequent user.

b) DMH Supplemental Staff

- i) DMH will provide to MHRH the services of 1 FTE Social Worker ("DMH Social Worker") who will work in the MHRH ED, Monday through Friday, to assist with development of community diversion plans.
- ii) DMH will also provide the services of 1 FTE Care Manager ("DMH Care Manager") who will work days, Monday through Friday, on the MHRH inpatient psychiatric units to assist with discharge coordination.

c) DMH Providers.

- i) DMH shall ensure that any DMH health care provider, including the DMH Social Worker, DMH Care Manager and any CPST staff members (collectively "DMH Provider") is approved and privileged by MHRH prior to providing services on site at MHRH. MHRH will grant and terminate privileges in accordance with its policies and procedures. Privilege to DMH Provider(s) granted pursuant to this Agreement will be terminated in the event this Agreement is terminated or expires, or in the event the DMH Provider ceases to provide services pursuant to this Agreement. Privileges will include that each DMH Provider be able to write in the patient's medical record.
- ii) DMH represents and warrants the following:

- (1) As further described on Schedule B and Schedule C, CPST Services will be provided by DMH by no less than 7.7 FTE licensed providers for 24 hours of continuous service, 7 days per week.
 - (2) Each DMH Provider will have all appropriate education, skill, training and credentials and shall meet the professional standards established by relevant certifying or accrediting entities and applicable federal, state and local laws and regulations.
 - (3) Services of the DMH Provider will be provided in a good and professional manner.
 - (4) DMH will ensure that each DMH Provider complies with all MHRH policies, procedures, and bylaws, as applicable.
 - (5) At DMH's sole cost, DMH shall be responsible for ensuring that each DMH Provider meets the health, immunization and infection control criteria required by MHRH, as may be modified from time to time. Documentation of such compliance will be provided to MHRH upon request.
 - (6) DMH shall ensure that each DMH Provider assigned to MHRH is screened and evaluated consistent with the policies and procedures in effect governing MHRH employee and pre-employment screening and background checks.
 - (7) DMH shall have and maintain throughout the term of this Agreement, Professional Liability insurance covering each DMH Provider in an amount of no less than \$1 million per occurrence and \$3 million in the annual aggregate.
 - (8) DMH understands and agrees that the selection and assignment of each DMH Provider to MHRH to render services shall be at all times subject to the approval of MHRH prior to the provision of services described herein and MHRH shall have the right to reasonably require the removal of a DMH Provider from MHRH's premises and terminate any MHRH privileges granted to a DMH Provider.
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- (9) DMH agrees to defend, indemnify and hold harmless MHRH, its subsidiaries and/or affiliated companies and each of their directors, employees, medical staff and agents against any loss or damage in connection with or arising out of the act(s) or omission(s) of DMH and/or DMH Providers or other DMH agents, including but not limited to any liability or expense due to claims for personal injury or property damage arising out of the furnishing, performance or use of the services or materials provided hereunder.

d) Behavioral Health Inpatient Units

- i) DMH shall provide to MHRH access to the full range of services in the Dutchess County community mental hygiene system. Pre-release planning and care management services shall be made available to patients being referred to the publicly-funded outpatient mental hygiene system (Schedule A).

ii) DMH shall provide the services of a DMH Provider, the equivalent of one (1) fulltime Care Manager to MHRH's mental health inpatient units on regular DMH work days to assist with discharge planning for patients.

iii) Upon discharge, MHRH, when determined medically appropriate, will refer patients registered in the publicly-funded outpatient mental hygiene system back to the pre-hospital provider for continued treatment. If a patient specifically requests an alternate disposition, other options for follow-up will be explored. In those instances where a patient specifically requests to be followed after discharge by an alternative provider, MHRH will notify the pre-hospital provider.

e) Outpatient Clinic Services for Behavioral Health Patients

i) The DMH HELPLINE will provide 24 hour crisis intervention services for all individuals served through the outpatient MHRH Mental Health Clinic and the Turning Point outpatient clinic and day rehabilitation programs. Specifically, HELPLINE will serve as the telephone/text crisis service after regular business hours, weekends and holidays for these patients. HELPLINE will document the call, the intervention offered and all follow up action and fax this information to the specific program on the next business day. MHRH staff will inform HELPLINE staff of any pending situations and current clinical information prior to the close of business to assist the HELPLINE staff with appropriate interventions

f) Auditing and Benchmarks

i) Auditing. MHRH shall have the right to audit all books and records of DMH reasonably pertinent to this Agreement at any time during the term hereof and within twenty-four (24) months following termination of this Agreement. Without limiting the foregoing, upon request, DMH will provide to MHRH CPST operating expense records. This provision shall survive termination or expiration of this Agreement.

ii) As further described on Schedule B, it is the intention of the Parties to reduce ED visits ("Benchmarks"). In year 1 the CPST will reduce total visits by 15% or 900 visits, in year 2 by 20% (1,200 visits), in year 3 by 25% (1,500 visits) in year 4 by 30% (1,800 visits) and in year 5 by 40% (2,400 visits).

iii) The Parties hereto will evaluate the Benchmarks annually. If the Benchmarks are not achieved each year, MHRH may terminate this Agreement on 30 days prior written notice or reduce the amount of compensation paid under this Agreement.

4) Information Collaboration

a) Consistent with Article 33 of NYS Mental Hygiene Law, releases will not be required by ED or DMH for the exchange of clinical information in emergency situations. Also, it is agreed that, wherever possible, existing procedures, protocols and forms will continue to be used in an effort to maximize appropriate information flow between the organizations.

b) DMH will ensure that the HELPLINE will give MHRH information from the DMH emergency profile in emergency situations by way of phone or fax 24 hours a day/7 days-a-week. (This will include name, date of birth, history of suicide attempts, history of

homicide/assaultiveness, allergy, medication history, treatment history and any other pertinent information that can assist in the evaluation and disposition of the patient.)

- c) ED will provide HELPLINE and, where appropriate, the treating programs with information needed on registered patients evaluated/treated at MHRH or new patients referred to the publicly-funded outpatient mental hygiene system. Such information may include, patient's name, date of evaluation, reason for evaluation, results of evaluation, any treatment rendered and disposition.
- d) When patients are being released from the inpatient mental health units or inpatient rehabilitation unit and referred to a publicly funded program, established procedures that involve DMH Discharge Coordination are followed. In addition, if the discharge is on a weekend, HELPLINE will be notified and will schedule an appointment in an appropriate publicly-funded outpatient mental hygiene program. In addition, MHRH staff will fax the admission/discharge report to the DMH Care Manager assigned to the inpatient mental health units. MHRH will endeavor to notify DMH Care Managers of a patient discharge date prior to his/her discharge. Care Managers will schedule discharge appointments as close to discharge as possible, but no later than three (3) business days after having been notified of the discharge.

5) Statistical Information

- a) On a regular basis, the DMH Care Manager will obtain specific information from MHRH to complete the DMH MS-6 Admission and Termination Form relative to inpatient admissions and discharges. The DMH Social Worker will obtain a roster and disposition of all the public sector patients (patients enrolled with DMH or its contract agencies as described on Schedule A) who had an admission to MHRH's inpatient Behavioral Health service.
- b) MHRH will work with the DMH Social Worker and DMH Care Manager to provide DMH the number and disposition of patients seen who present with a mental health or chemical dependency problem in ED for both adults and children, on a monthly basis.
- c) MHRH will work with DMH to provide the names and dispositional plans for any person presenting in the ED at least twice within any calendar month.

- 6) Compensation. As full compensation for the services of DMH Providers and CPST Services, MHRH agrees to compensate DMH an amount equal to \$520,520.00 per contract year, paid in equal monthly installments and prorated for any partial month of services.

7) Term and Termination

- a) MHRH and DMH have a long term commitment in the provision of behavioral health service to the Dutchess County community. In providing acute behavioral health care, MHRH and DMH are committed to working collaboratively to assure that a coordinated system of care is provided to the community.
- b) The term of this Agreement shall begin on January 1, 2015 and continue for one year thereafter. This Agreement may be terminated, with cause and without liability, by providing the respective party with ninety (90) days written notice.

IN WITNESS WHEREFORE, the Parties have executed this Agreement as of the date set forth above.

Marsha Casey, EVP
Westchester Medical Center

Kenneth M. Glatt, Ph.D., ABPP
Dutchess County Dept of Mental Hygiene

Schedule A

Public Behavioral Health Care Programs in Dutchess County:

Hudson Valley Mental Health, Inc.

Beacon Mental Health Clinic
Eastern Dutchess Mental Health Clinic
Millbrook Mental Health Clinic
Poughkeepsie Mental Health Clinic
Rhinebeck Mental Health Clinic

Lexington Center for Recovery, Inc.

Beacon Counseling Center
Eastern Dutchess Counseling Center
Methadone Maintenance Treatment Program
Millbrook Counseling Center
Poughkeepsie Counseling Center -- Page Park
Rhinebeck Counseling Center

Mental Health Clinics Serving Children and Adolescents

Astor Services for Children & Families Guidance Clinics in:

Beacon
Dover
Hyde Park
Pawling
Poughkeepsie
Rhinebeck
Wappingers Falls

OMH-Licensed Partial Hospital Programs

Astor Adolescent Partial Hospitalization Program
DMH's Partial Hospital Program

Personalized Recovery Oriented Services (PROS)

Occupations, Inc:

Millbrook PROS Center
Poughkeepsie PROS Center (Oakley Street)
Rhinebeck PROS Center

Mental Health America of Dutchess County, Inc.

Beacon Wellness Center (PROS Program)

Outpatient Day Rehabilitation

DMH's Intensive Treatment Alternative Program

SCHEDULE B

CRISIS PREVENTION & STABILIZATION PROGRAM GOAL

The goal of the team is to provide engagement, crisis prevention, symptom reduction and stabilization to children, youth and adults. The team will provide rapid evaluations & dispositions to divert people from unnecessary hospitalizations and reduce/eliminate ED resources by connecting these individuals to appropriate supports and services within the community. The compensation will provide a team that will consist of at least 1 Licensed Provider at all times (24/7) based within the ED at MHRH

SERVICES & OUTCOMES

Reduce Brinn ED visits by:

1. 15% or 900 visits in year 1,
2. 20% (Cumulative 1,200 visits) in year 2 (incremental 300),
3. 25% (Cumulative 1,500 visits) in year 3 (incremental 300),
4. 30% (Cumulative 1,800 visits) in year 4 (incremental 300), and
5. 40% (Cumulative 2,400 visits) in year 5 (incremental 600)

Over 5 years, the goal is to reduce ED visits by 40% or 2,400 visits, from 6,000 annually to 3,600 annually.

The CPST will provide the following per individual:

SERVICE	SERVICE OUTCOME
24/7 rapid mental health & chemical dependency evaluations & dispositions with a focus on diversion	Decrease total time in the ED. (Goals TBD, however throughput is being captured within the ED and that will be the measurement to capture a baseline with achievable goals.)
Fast Track for adolescent and adult Partial Hospital Programs (PHP)	Complete paperwork, insurance authorizations and screening notes for a next business day admission to PHP. Track for an increase in referrals from ED to PHPs.
Fast Track to Astor's Home-Based Crisis Intervention (HBCL) Program	Complete paperwork, insurance authorizations and screening notes for a next business day admission to HBCL. Track for an increase in referrals from ED to HBCL.
Follow-up on missed ED aftercare visits	Track ED aftercare, monitor missed appointments and link to services

Follow-up on missed hospital discharge appointments	Track missed hospital discharge appointments and link to services
Address individuals who have utilized ED more than two times per year.	CPST will track individuals who are high users of ED and provide linkages to appropriate community resources 24/7

STAFFING

As described in Section 3(a) of this Agreement, DMH will provide the services of 7.7 FTE licensed provider for 24 hours of continuous service, 7 days per week located within the MHRH ED. Each FTE assumes a back-fill factor of 20% as well as each FTE being 40 hours/week or 2,080 hours.

Calculation on FTE is displayed below:

DIRECT CARE STAFFING MODEL for 24/7 CRISIS PREVENTION & STABILIZATION TEAM							
CPST FTE in this Agreement		DETAILS to FTE in this AGREEMENT					
Day	FTE*	M-F Hours	S&S Hours	Total Hours	FTE Calc.	Backfill @ 20%	FTE w/ Backfill
Licensed Provider	0.5	0hrs	16hrs	16	0.4	0.1	0.5
Evening							
Licensed Provider	2.2	40hrs	32hrs	72	1.8	0.4	2.2
Night							
Licensed Provider	5.0	120hrs	48hrs	168	4.2	0.8	5.0
Total Hours				256	6.4	1.3	7.7
Licensed providers can be in the form of LCSW or LMHC							

SCHEDULE C

WMC and DMH agree upon the following staffing schedule, which may be modified from time to time upon mutual written consent of the Parties:

1. DMH will provide the services of at least one Licensed Provider at all times in the MHRH ED.
2. DMH will supply back-fill to ensure that one Licensed Provider is present within the MHRH ED at all times.
3. On Saturday/Sunday and Holidays -- there will be two Licensed Providers provided by DMH on the 1-9pm shift. One Licensed Provider assigned to the 1-9pm shift will be split between 2 locations:
 - a. From 1pm-5pm this Licensed Provider will be located at the MHRH ED
 - b. From 5pm-9pm the Licensed Provider will be located at the DMH Facility and can be utilized in the MHRH ED or travel in the community as needed.
4. DMH will provide the services of two Licensed Providers 7 days per week from 8pm-8am.
 - a. 1 Licensed Provider will be located at MHRH ED
 - b. 1 Licensed Provider will be located at DMH and can be utilized in the MHRH ED or travel in the community as needed

