



MARTHA'S VINEYARD COMMUNITY SERVICES

DMH Enhanced Urgent Care Contract

Island Intervention Center: Review

May 13, 2019

EXECUTIVE SUMMARY

The Massachusetts Department of Mental Health (DMH) awarded Martha's Vineyard Community Services (MVCS) a contract to establish an Enhanced Urgent Care Program (EUCP) to serve the Island of Martha's Vineyard and the 17,000 year round residents as well as seasonal residents. This new program, the MVCS Island Intervention Center (IIC) opened in July of 2017.

The purpose of the IIC is to provide outreach and enhanced urgent care services for Islanders struggling with mental health and substance use disorders. Additionally, IIC is charged with establishing a community-level suicide prevention, education and postvention capacity for the Island. This report will review the startup efforts for the IIC and initial findings on the program's compelling impact— an example of which is a 43% decrease in psychiatric inpatient hospitalizations for Island youth ages 0-20 in the first year of operation.

PRELUDE

Historically, an individual in crisis had only the Martha's Vineyard Hospital Emergency Room (ER) to turn to for intervention. That individual would be delivered to the ER (via police, family, EMT, etc.) and a MVCS on-call clinician would meet the individual within an hour to perform a psychiatric evaluation. MVCS has had contracts since 1982 to provide this Emergency Service (ES) Program for the Island. MVCS typically performs 300 emergency evaluations annually in the ER.

Due to the stigma associated with and the chaotic atmosphere of the ER, many individuals would delay their trip until their level of acuity was quite pronounced, thus increasing the likelihood of an off-Island inpatient psychiatric stay. For children and adolescents, an ER evaluation could be significantly traumatizing and the ER environment more conducive to escalation rather than de-escalation, resulting in a much higher rate of hospitalization for Island youth compared to youth on the mainland. Frequently, adults and youth experienced overnight stays in the ER as the clinician attempted to find a placement and arrange the logistics for an inpatient stay somewhere off-Island.

Prior to the establishment of the IIC, MVCS' outpatient mental health clinic had few opportunities for urgent care sessions. The clinic had neither dedicated urgent care private space nor available clinicians capable of seeing a patient on a moment's notice. Furthermore, the single waiting room was not a good place for an escalating or out of control client. Also, the configuration of the clinic is such that a disruptive client in the hallways would have an impact on all those receiving care at the time. Consequently, the client would typically be sent to the ER for an ES evaluation.

ISLAND INTERVENTION CENTER IMPLEMENTATION EFFORTS

DMH funding enabled MVCS to establish a stand-alone space to facilitate enhanced urgent care services. There are four components of the IIC: Enhanced Urgent Care Program (EUCP); Suicide Prevention and Awareness Program; Medically Assisted Treatment (MAT); and Emergency Services (ES). The three direct care services are provided with a multidisciplinary, integrated team of licensed and masters level clinicians including a bi-lingual (Portuguese) administrative assistant who trained as a recovery coach and medical translator. The IIC serves both insured and uninsured individuals.

- **Enhanced Urgent Care:** IIC's enhanced urgent care capacity for clients includes: Assessment of critical needs in regards to mental health and substance use; establishment of brief interventions including short-term counseling, peer support, crisis planning and safety planning for those at risk for suicide; referral, support and care coordination through care transitions; and provision of safe transportation of individuals in need of emergency services, inpatient services or substance use disorder detox or treatment services.
- **Suicide Prevention and Awareness:** IIC is also funded to be the Island representative to supplement the efforts of the Cape Cod and Islands' Suicide Prevention Task Force and the DMH and DPH Suicide Prevention Program in responding to the Islands needs for suicide prevention, education and postvention activities (see outreach and training efforts for this initiative in Appendix A).
- **Medically Assisted Treatments (MAT):** MVCS established an evidenced-based, best practice Suboxone Program funded by BSAS and co-located the program with the IIC in the new suite. Suboxone is now available through this program along with the other elements of the Suboxone Program (mandatory group therapy, individual therapy, urine testing, etc.). MVCS' pre-existing Vivitrol Program and other pharmaceutical interventions were also co-located to the IIC. Some funding for a nurse to support the MAT program was provided by a legislative earmark.
- **Emergency Services Program (ES):** MVCS is now under contract with Bay Cove Human Services to provide ES for the Island. ES takes place in the Hospital ER and is mobile to other

locations as well. The ES Program is also co-located with the IIC in the new suite, which enhances continuity of care and access to care givers.

CULTURE CHANGE: OUTREACH AND TRAINING EFFORTS

The establishment of the IIC required a significant culture change for the people providing services and for those receiving services. IIC staff, through significant and on-going outreach and training efforts (see Appendix A) had to upend close to 40 years of Island crisis management practice and establish the IIC urgent care capacity as the first line of defense (as opposed to the ER). This was a radical change that required:

- Re-routing police, EMTs, families, MV High School guidance department, and Primary Care Physicians (PCPs) to the IIC on the MVCS campus and avoiding the ER unless medical issues or extreme behaviors are apparent.
- As a crisis situation escalates, moving the individual quickly to an urgent care session so as to initiate a community level of care; consequently avoiding a higher level of care (emergency services and inpatient).
- Encouraging the MV High School (located across the street from MVCS campus) guidance staff to walk a struggling and escalating student to the IIC after alerting parents.
- Educating referrers, family members, and PCPs of the notion that urgent care is not one visit, but an individualized care plan that could span days or weeks. This care plan is managed by the IIC clinician who draws from all the varied mental health and substance use disorder programs and wrap around services available through the network of MVCS programs, (IWYC, ICC, recovery coach services, therapeutic mentors, sexual assault and domestic violence services, SUD-intensive outpatient, etc.) most available on-site on the MVCS campus (see Appendix C).

IIC has been a radical departure from the past in another significant way. People showing up at the IIC are not greeted with a request for an insurance card and type of insurance followed by a scramble to find an available clinician whose services are covered by that insurer. Rather, the IIC experience for someone in crisis is a private entrance to a quiet office with a well-trained clinician who is not strictly adhering to a 45 minute session. The session could take several hours if needed, and accommodations for MVCS wrap-around services can be put in place immediately. The road to appropriate care is wide open. For a person in crisis this is hardly the experience of a Hospital ER intervention.

IIC implementation efforts were also promoted by local media (see Appendix B). MVY Radio, MV Times, and the Vineyard Gazette covered the opening of the new program.

WRAP AROUND SERVICES AND SERVICE NAVIGATION

A major component of the enhanced urgent care service plans are referrals to programs within MVCS and throughout the Island. There have also been a few off-Island referrals. The enhanced urgent care program design allows time for the clinicians to plan wrap around services because they

are not bound by third party reimbursement restrictions. Typically, the connection to these services occurs during the urgent care session and the clinicians ease the intake process for the client by making the arrangement on the spot.

In FY18 the EUCP had 359 on-Island referrals and 10 off-Island referrals. In FY19, MVCS is projecting a total of 548 referrals for enhanced urgent care clients. This represents a 33% increase in referrals 2019 over 2018. A comprehensive list of the referral resources can be found in Appendix C.

Providing urgent care assessment and engaging short and long term local resources is far more effective than off-Island services. Our experience has been that clients who go off-Island for care are disconnected from family and the local treatment community and upon return to the Island experience the same triggers that led to their substance use and mental illness escalation in the first place. On Island resources such as the Vineyard House, the Island's only sober living program, are extremely effective in this regard.

IIC ACCESS

The IIC is currently open Monday through Friday from 8am-8pm. As a course of treatment, individuals across the lifespan and families (with or without insurance) are thoroughly assessed in a professional, ethical and empathetic manner by a masters' level clinician or licensed mental health counselor. Clients struggling with mental health, substance use, dual diagnosis, suicidal thoughts and acute stressors can be referred for services or walk-in on an as-needed basis. Individuals with significant harm or risk factors may be referred to the ER at Martha's Vineyard Hospital for further assessment and care needs. The IIC also serves clients who are being discharged from in-patient psychiatric hospitals until a permanent assignment can be made in the clinic. IIC services are culturally responsive with bi-lingual staff.

IIC LOCATION

The MV Superintendent of Schools vacated an office suite (which housed a high school program for 35 years) that was located on the MVCS campus so that the IIC could have a discreet, accessible, appropriate, private location and welcoming environment for this new service. MVCS' outpatient mental health clinic license covers this space so that third party reimbursement is attainable for the ES and Suboxone Programs.

The MVCS campus is located on a major bus line for the Island. The office suite also is ideal from a security vantage. Availability of this space and attendant renovations took close to 10 months. However, IIC began seeing clients and establishing follow-up plans within the MVCS outpatient clinic on July 1, 2017 (the start of the MVCS fiscal year 2018). The newly renovated office suite with a separate entrance was instrumental in reorienting Islanders away from seeking emergency services in the Hospital ER and moving them toward the IIC.

INITIAL DATA REVIEW

Comparison of Emergency Services Program (ESP) Evaluations, Enhanced Urgent Care Program (EUCP) Visits, Hospitalizations, and ER Overnight Stays in FY17 (prior to opening of Enhanced Urgent Care); FY18 (first full year of Enhanced Urgent Care); YTD FY19 (7/1/18 to 3/31/19); and FY19 Projection:

EMERGENCY SERVICES PROGRAM (ESP) EVALUATIONS STATS				
ESP Evaluations Provided in the ER by Age	FY17	FY18*	FY19 YTD	FY19 Projection
Total ESP Evaluations 0 - 20	68	70	36	45
Total ESP Evaluations 21+	199	141	142	172
Total # of ESP Evaluations Provided	267	211	178	217
Number of ER Evaluations Resulting in Placement				
Number of ER Evaluations Resulting in Placement	FY17	FY18*	FY19 YTD	FY19 Projection
# Placed 0 -20	44	25	12	14
# Placed 21+	98	65	72	77
Total # of ER Evaluations Resulting in Placement	142	90	84	91
ENHANCED URGENT CARE PROGRAM (EUCP) INITIAL VISITS STATS				
Breakdown of Enhanced Urgent Care Initial Visits in the IIC	FY17	FY18*	FY19 YTD	FY19 Projection
Total EUCP Initial Visits 0 - 20	NA	73	67	86
Total EUCP Initial Visits 21+	NA	96	97	130
Total # of EUCP Initial Visits Provided	NA	169	164	216
# of EUCP Initial Visits Resulting in Placement				
# of EUCP Initial Visits Resulting in Placement	FY17	FY18*	FY19 YTD	FY19 Projection
# Placed 0 -20	NA	3	0	0
# Placed 21+	NA	0	1	1
ER BOARDING: OVERNIGHT ER STAYS IN MV HOSPITAL FOR ESP PATIENTS				
Breakdown of Overnight ER Stays in MV Hospital	FY17	FY18*	FY19 YTD	FY19 Projection
# Overnight Stays 0-20	62	30	22	29
# Overnight Stays 21+	111	125	78	104
Total Overnight Stays	173	155	100	133
EUCP INITIAL STATS FOR BRAZILIAN COMMUNITY				
Enhanced Urgent Care Initial Visits in the IIC for Brazilian Community	FY17	FY18*	FY19 YTD	FY19 Projection
Total # of EUCP Initial Visits	N/A	16	32	42

*FY18 Enhanced Urgent Care Program (EUCP) in new location in May 2018

KEY OBSERVATIONS

- Diversion:
 - 43% decrease in inpatient psychiatric placements for ages 0-20 2018 over 2017 (25/44)
 - 34% decrease in inpatient psychiatric placement for ages 21+ 2018 over 2017 (65/98)
 - 37% decrease in inpatient psychiatric placement for all ages 2018 over 2017 (90/142)
 - 52% decrease in overnight Hospital ER stays for youth ages 0-20 2018 over 2017 (30/62)
 - 10% decrease in overnight Hospital ER stays for all ages 2018 over 2017 (155/173)
 - 11% increase in overnight Hospital ER stays for ages 21+ 2018 over 2017 (125/111)

- Access:
 - 23% projected increase in enhanced urgent care sessions 2019 over 2018 (216/169)
 - 21% decrease in emergency services psychiatric evaluations for children and adults 2018 over 2017 (211/267)
 - 33% projected increase in service referrals 2019 over 2018
 - 61% projected increase in Portuguese speaking clients seeking urgent care 2019 over 2018 (42/16)

A 21% decrease in psychiatric evaluations 2018 over 2017 represents fewer trips to the Hospital ER and also parallels a 23% increase in enhanced urgent care sessions taking place on the MVCS campus. Less foot traffic in the ER was one goal of the implementation of the EUCP. Creating a welcoming, quiet and non-stigmatizing environment sets the stage for de-escalation and a more productive session in which to formulate a plan.

Overall, MVCS saw a 37% decrease in inpatient psychiatric hospitalizations for all ages 2018 over 2017. This was a major goal of the EUCP and is largely the result of intensive outreach to law enforcement, schools, clinicians, PCPs, etc., redirecting away from the hospital ER to the EUCP on the MVCS campus.

Of note was a 43% decrease in inpatient psychiatric hospitalization for individuals ages 0 to 20 for 2018 over 2017. Most likely this is due to the ease of access to the MV High School across the street from MVCS. MV High School guidance staff is likely to walk an adolescent to the IIC for an urgent care session well before a struggling student escalates (protocols for parent notifications and releases are in place). Previously, the prospect of a trip to the ER for assessment deterred early intervention due to the trauma and stigma related to the experience.

MVCS' collective positive experience with the MV High School Principal and guidance staff during the course of 2018 regarding the reduction of inpatient placements for students led MVCS and the MV High School to design a pilot project last spring. Clinicians are now embedded in the school with routine hours for access. Additionally, MVCS recovery coach services were embedded in the high school and funded by the six local MV Boards of Health. This enables high school guidance to

have youth engaged in assessment and care at the earliest signs of an issue. MVCS' plan for 2020 is to expand the pilot and embed clinical services in all Island Elementary Schools (K-8).

The diversion of ES clients into the EUCP as a point of entry also had an impact on overnight stays for ES clients in the Hospital ER. Overall, ES client overnight stays in the ER had a 10% decrease FY18 over FY17. While the actual stays for adults increased FY18 over FY17, there was a significant drop in overnights for youth. Specifically, there was a 52% decrease in overnight stays for ages 0-20, and that trend looks to be sustained in the projection for FY19. While the reduction in trauma and stigma for youth are significant, the overall cost implications are apparent as well.

CONCLUSION

The EUCP has turned out to be much more than an intervention center. It has become the single entry point for the Island for individuals struggling with substance use and mental health issues. The location and set-up of the center is ideal for the entire Island, includes culturally responsive services for the Brazilian community, who in the past has eschewed clinical services due to cultural and linguistic barriers. There is now a funnel through the EUCP. MVCS' can offer efficient and concise assessments with direct referrals to appropriate resources, which takes the legwork out of navigating the service systems on the Island for individuals and families who are struggling with the consequences of mental health and substance use issues.

The tremendous cooperation of Island institutions including police, MV Hospital, providers, EMTs, MV High School, and Superintendent of Schools, as well as local media coverage of the new EUCP, has resulted in a very significant culture change with respect to crisis and emergent services management for the Island community.

APPENDIX A – SUICIDE PREVENTION AND AWARENESS

TRAININGS ATTENDED BY EUCP STAFF:

- 7/2017: ***Suicide and Risk Prevention*** training provided by Island Counseling Center Director Jennifer Vogel
- 9/2017: ***Suicide and Self-Harm: Stopping the Pain*** by Jack Klott, LCSW
- 10/2017: ***LGBTQ Youth: Clinical Strategies to Support Sexual Identity and Gender Identity***, Deborah Anne Coolhart, Ph.D., LMFT
- 12/2018: ***The Aging Brain: Assessments, Trainings, and Interventions for Alzheimer’s Disease and Other Dementias***, Roy D. Steinberg, Ph.D.
- 1/2018: Staff Training, ***LGBTQ Youth: Clinical Strategies to Support Sexual Identity and Gender Identity***
- 3/2018: Staff Training, ***Neuroscience for Clinicians: Brain Change for Stress, Anxiety, Mood and Substance Use***, C. Alexander Simpkins, Ph.D.
- 4/2018: ***Zero Suicide Learning Collaborative***, (Training 1 of 6)
- 4/2018: ***Week Long Training for Local Law Enforcement on Mental Health, Substance Use and Suicide Prevention/Awareness***, Kevin Marshall, Nantucket Police Department
- 5/2018: OFFICIAL OPENING OF THE ISLAND INTERVENTION CENTER
- 6/2018: Staff Training, ***QPR Training: Question, Persuade and Refer, Ask a Question, Safe a Life***, Kevin, Marshall, Nantucket Police Department
- 9/2018: ***Local Recognition of “Suicide Prevention Awareness Week” in all Cape and Island Towns.***
- 9/2018: ***Zero Suicide Learning Collaborative***, (Training 2 of 6)
- 9/2018: ***QPR Suicide Prevention Gatekeeper Instructor Certification Program***, Sarah Gaer, MA
- 10/2018: ***QPR Training: Question, Persuade and Refer for Community Clinicians***, Kevin Marshall, Nantucket Police Department
- 11/2018: ***Trained Local Library Clinicians around suicide prevention/awareness, substance use, mental health and local resources***, MVCS staff members
- 12/2018: Completed online, ***Counseling on Access to Lethal Means Training***,
 - Suicide Prevention Resource Center Training Institute, staff members will also complete this training.
- 3/2019: ***Zero Suicide Learning Collaborative***, (Training 4 of 6)
- ***Columbia-Suicide Severity Risk Scale (C-SSRS) Training***

OUTREACH SERVICES:

- 9/2017: Suicide Awareness Seminar-YMCA (30 people)
- 9/2017: First Phone Call with Cape and Island Suicide Prevention Coalition
- 10/2017: Meeting with Substance Use Team and Head of Nursing and Acute Care at Martha's Vineyard Hospital
- 11/2017: Addressed Local Chiefs of Police on New Urgent Care Program
- 12/2017: Meeting with MVCS Island Wide Youth Collaborative
- 1/2018: Meeting with Stakeholders of Martha's Vineyard Community Services
- 2/2018: 1st meeting of Vineyard Suicide Prevention Committee
- 3/2018: Meeting with Connect to End Violence
- 4/2018: Meeting with NAMI and Cecilia Brennan
- 4/2018: Participated in Cape Cod Trail Race to benefit Cape and Island Suicide Prevention Coalition and other regional vendors
- 4/2018: Participated in Cape and Island Suicide Prevention Walk and Fundraiser for the Cape and Island Suicide Prevention Coalition
- 6/2018: 1st Meeting of Darkness Into Vineyard Light Committee - Vineyard walk for suicide awareness and prevention
- 7/2018: Keynote Speaker at Martha's Vineyard Community Services Possible Dreams Auction-Discussed Suicide Prevention/Awareness on Island
- 7/2018: Boots to Ground Campaign for local vendors on mental health, substance use, suicide prevention/awareness and dual diagnosis
- 8/2018: Addressed sorority members of Alpha Kappa Alpha around suicide prevention/awareness, mental health and substance use (400-450 people)
- 8/2018: Candlelight Vigil: Our Fallen Angels, Community Intervention on Substance Use , Mental Health and Suicide Prevention/Awareness (100 people)
- 8/2018: Phone Consult with Department of Mental Health around suicides on Island
- 9/2018: 1st Annual Darkness Into Vineyard Light Suicide Prevention Walk (250 people)
- 12/2018: Met with representatives of MV Hospital(HRSA Grant) and also Island Health Care
- 12/2018: Darkness Into Vineyard Light members walked in local Christmas parade for continued promotion of suicide awareness
- 1/2019: Community Bowling Event with NAMI and Darkness Into Vineyard Light Committee to bring attention to mental health and suicide (30-35 people)
- 3/2019: Attended Kick-off Meeting for Falmouth Road Race for the Cape and Island Suicide Prevention Coalition
- 4/2019: Provided Cape and Island Suicide Prevention Rack Cards and Island Intervention Center literature to NAMI and Martha's Vineyard Community Services for Health Fair held at Martha's Vineyard Hospital

APPENDIX B

IIC COVERAGE IN LOCAL MEDIA:

- [State awards grant for Island recovery support center](#) | MV Times, May 8, 2019
- [State Award Aids Substance Use Recovery](#) | Vineyard Gazette, May 3, 2019
- [Not a Year to Drift, 2018 Offered Up Hard Choices](#) | Vineyard Gazette, December 27, 2018
- [Vineyarders Walk From Darkness Into Light for Suicide Awareness](#) | Vineyard Gazette, September 29, 2018
- [Islanders Emerge From the Darkness](#) | MV Times, September 29, 2018
- [Walking Out of the Darkness for Suicide Prevention](#) | Vineyard Gazette, September 26, 2018
- [Bringing Suicide Prevention into the Light](#) | MV Times, September 26, 2018
- [Staying Vigilant for Suicide Prevention All Day, Every Day](#) | Vineyard Gazette, August 9, 2018
- [Dreaming Big Pays Off for Community Services](#) | Vineyard Gazette, July 29, 2018
- [MVCS Opens New Assistance Center](#) | CapeCod.com, May 23, 2018
- [Community Services Opens New Clinic](#) | Vineyard Gazette, May 22, 2018
- [MVCS Celebrates New Treatment Facility](#) | MV Times, May 22, 2018
- [Vineyard Current: Island Intervention Center and new Suboxone Clinic](#) | MVY Radio, May 20, 2018
- [Person of the Week - David Araujo, Dir. of The Island Intervention Center](#) | MVY Radio, May 17, 2018
- [Drug Detox Center in Martha's Vineyard to Open This Month](#) | Drug Addiction Now, May 3, 2018
- [MVCS to Expand Addiction Treatment Services](#) | MV Times, May 2, 2018
- [Community Services Opens Clinic to Help Treat Drug Addiction](#) | Vineyard Gazette, April 26, 2018
- [Mental Illness on Martha's Vineyard](#) | MV Times, October 18, 2017

APPENDIX C

REFERRALS FROM THE ISLAND INTERVENTION CENTER FOR FY 2018 AND 2019 (Through March 31, 2019):

Martha's Vineyard Community Services:

- Caregivers Support Group
- CONNECT to end violence (domestic violence and sexual assault programming)
- Counseling, Outreach and Referral for the Elderly Program (homebound clinical care for seniors)
- Daybreak Clubhouse (Massachusetts Clubhouse program)
- Follow-up Urgent Care(s)
- Island Counseling Center (outpatient mental health center)
- Island Wide Youth Collaborative (Massachusetts Family Resource Center)
- New Paths (evidence-based intensive outpatient program for substance use disorder - matrix model)
- Recovery Coach Services
- Seeking Safety (coping skills group for women with substance use issues and/or trauma)
- Therapeutic Mentors
- Thrift Shop
- Transportation Access Program (transportation funding subsidy for Islanders needing off-island medical and behavioral health care)

Other Referrals:

- Acute Residential Treatment-Mc Lean/Franciscan's Hospital
- Affordable Housing
- AA/NA/Al-Anon/Alateen
- Big Brothers and Big Sisters of Cape Cod and the Islands
- Community Outpatient Clinicians in private practice
- Councils on Aging (four towns)
- Department of Children and Families
- Food Pantry
- Hospice of MV

- Island Health Care (FQHC)
- Justice Resource Institute
- Juvenile Court
- Landmark School/Residential Programs
- Lawyers (private and legal aid)
- Local Chiropractors, Massage Therapists, Yoga instructors, etc.
- Local Police Departments – six towns
- Martha’s Vineyard and Falmouth Courthouses
- MV Hospital
- Nutritionists
- OB/GYN practice
- Off Island Specialists-Cardiologist, Surgeon, etc.
- Pastors / Local Churches
- Primary Care Physicians (on and off Island)
- Psychiatrists in private practice (on and off Island)
- Psychological Testing
- RMV
- Social Security office in Hyannis
- Social Skills Group
- Vineyard Committee on Hunger
- Vineyard Complimentary Medicine
- Vineyard House – Island sober living program
- Vineyard Healthcare Access (MV organization that provides access to health insurance, SNAP, etc.)
- YMCA of Martha’s Vineyard (exercise classes, childcare, after school programming, financial aid)