A. COVER PAGE

GRANT APPLICATION

(For July 1, 2017-June 30, 2018 Submissions)

LEGAL NAME OF ORGANIZATION: **Family Health Centers of San Diego**

AGENCY DIRECTOR: **Fran Butler-Cohen**

ADDRESS: **823 Gateway Center Way, San Diego, CA 92102**

TELEPHONE (and Extension): **619-515-2301** FAX: **619-237-1856**

E-Mail Address: **fran@fhcsd.org**

Proposed Project Title: **Peer Navigation for Mental Health Transitions of Care Program**

Agency Contact Person: **Anthony White**

Telephone (and Extension): **619-515-2370** FAX: **619-237-1856**

E-Mail Address: **anthonyw@fhcsd.org**

Amount of Funds Requested: **$91,552**

Number of Unduplicated GHD Residents to be Served: **720 to 840**

Ages of Population to be Served: **18 and above**

Brief Program Description: **(Use only the space provided below)**
Earlier this year, Family Health Centers of San Diego (**FHCSD**) partnered with Sharp Grossmont Hospital (**SGH**) to initiate a Transitions of Care (**ToC**) program designed to improve care coordination for mentally-ill SGH patients, and to decrease their inappropriate SGH Emergency Department (**ED**) revisits and Behavioral Health Inpatient Program (**BHIP**) readmissions. A standardized process was initiated that gives SGH discharge planners the ability to access FHCSD's online appointment system and set up confirmed appointments for SGH patients with FHCSD's newly-opened Grossmont Family Counseling Center (**GFCC**), before the patient finalizes the SGH discharge process. Since April, nearly 400 SGH patients have been scheduled for follow up appointments with GFCC, but only 37% completed their appointment, limiting ToC's ability to impact readmission rates at SGH. This funding request will add two Peer Support Specialists (**PSS**) to the ToC care team, building on research that indicates PSS workers have a positive impact on increasing appointment show rates, and on American College of Emergency Physicians position that aftercare coordination reduces hospitalization and ED recidivism rates for mentally ill patients.

I (we) certify that all the information included in or attached to this grant application is complete and accurate.

Signature of person authorized by agency to sign	Fran Butler-Cohen, President & CEO	10/23/17
	Printed name and title	Date
Signature of person authorized by agency to sign	Anthony White, Director, Grant Mgmt	10/23/17
	Printed name and title	Date

B. GRANT APPLICATION CHECKLIST

Please use this checklist to ensure you have included all items in your grant application.

We have included one (1) original and one (1) copy of the following:

☒ Grant Application Cover Page (with signatures)

☒ Grant Application Summary

☒ Agency Capability

☒ Problem Statement/Needs Assessment

☒ Program Services and Performance Plan

☒ Project Budget Form

☒ All Budget Sources Form (if applicable)

We have included with the original grant application only, one (1) copy of the following (Not required of Public Agencies):

☐ Articles of Incorporation* **(provided in 2015)**

☐ Bylaws* **(provided in 2015)**

☒ Most recent Audited Financial Statement, or:

☐ Most recent Reviewed Financial Statement by Independent CPA

☐ Copy of IRS Exemption Letter* **(provided in 2015)**

☒ Board of Directors List

☒ This Grant Application Checklist

**Not required if current version was submitted to the Grossmont Healthcare District in the last five years.*

Please note the following:

☒ If applicable, we have previously submitted all required grant monitoring reports for any previously awarded Grossmont Healthcare District grant(s).

☒ We understand that award of this grant request in no way establishes an entitlement for future financial assistance. We further understand that past funding does not guarantee funding for this grant request.

C. GRANT APPLICATION SUMMARY

Family Health Centers of San Diego (**FHCSD**) respectfully requests a $91,225 grant from the Grossmont Healthcare District (**GHD**), to improve care coordination and readmission statistics for patients with mental illness being discharged from Sharp Grossmont Hospital (**SGH**) and in need of a referral to outpatient mental health services for follow up and ongoing care. Earlier this year, ***FHCSD and SGH partnered to create the Transitions of Care (ToC) program***, designed to provide a seamless transfer of care for those being discharged from SGH's Emergency Department (**ED**) or Behavioral Health Inpatient Program (**BHIP**), and who are unassigned or non-established patients. Services are primarily provided at FHCSD's Grossmont Family Counseling Center (**GFCC** – which opened in 12/16, started accepting ToC Referrals from SGH in 4/17, and is located on the SGH campus in easy walking distance of the hospital). Through ToC, SGH discharge planners have computerized access to GFCC scheduling software, allowing them to schedule a confirmed, timely outpatient appointment with GFCC as part of the discharge process. This referral process has been very successful to date, with 361 GFCC outpatient appointments scheduled from April to September.

Those who are facing a mental health crisis or dealing with chronic mental health issues often find it difficult to first locate then access appropriate outpatient care. The current ToC process addresses the first issue – locating outpatient care. However, access to care is impeded by the multiple life barriers faced when living with mental illness. Currently, 63% of those with confirmed GFCC appointments upon SGH discharge ***never complete that appointment***. FHCSD proposes two Peer Support Specialists (PSS) to the ToC team. Studies show that adding peer support to a traditional care team can positively impact this identified challenge. The American College of Emergency Physicians states "coordination of aftercare prior to ED discharge reduces hospitalization and ED recidivism rates" for patients discharged after evaluation for a behavioral health compliant. The role of the PSS will be to specifically improve that coordination, by identifying barriers to care and working with the patient to overcome those barriers. This is working well in a similar ToC/PSS partnership FHCSD has at Scripps Mercy Hospital, where – as of last quarter – 30% of Scripps Mercy behavioral health patients who did NOT keep their FHCSD follow up appointment returned to the ED within 30 days, while only 9% of those who kept their appointment did so. The use of PSS is supported by a number of validated studies, the Centers for Medicaid & Medicare Services recognizes peer support services as an evidence-based model of care for mental health, 42 states and the District of Columbia have state-certified PSS programs (allowing Medicare and Medicaid billing through CMS), and the Substance Abuse and Mental Health Services Administration has developed 62 competencies for PSS in behavioral health and includes peer-based services in its National Registry of Evidence-Based Programs and Practices.

The target population and primary program beneficiaries are the approximately 60-70 mentally-ill patients referred to ToC from SGH ED and BHIP units each month during the grant year. These patients will be ethnically diverse and primarily low income, and high-quality, culturally-competent mental and primary healthcare will be provided regardless of insurance status or ability to pay. The *secondary* beneficiary of this program is SGH, with anticipated decreases in ED revisits and BHIP readmission.

D. AGENCY CAPABILITY

1. Family Health Centers of San Diego's History and Accomplishments

FHCSD – an accredited Federally Qualified Health Center (**FQHC**) and a certified Primary Care Medical Home (**PCMH**) with 23 clinics and 42 sites overall – was started in 1970 by neighborhood activists in the Latino-predominant Barrio Logan who recognized a critical need for community-based primary care. As the largest, most comprehensive community health center system serving San Diego residents, and one of the top 10 largest community clinic organizations in the country, FHCSD's patient population is primarily low income and ethnically diverse. We are dedicated to providing caring, affordable, high-quality healthcare and support services to all people, with a special commitment to uninsured, low-income, and medically underserved persons. In 2016, FHCSD cared for 195,339 patients through more than 825,000 clinical encounters.

2. Experience in the Provision of Services to the Target Population

FHCSD has provided high-quality, comprehensive and affordable primary and mental healthcare services to low-income and vulnerable persons who reside in the GHD throughout our 47-year history. FHCSD's journey to becoming the East region's preeminent primary care safety-net treatment provider has earned us a great degree of trust among – and unparalleled experience providing direct services to – the area's most vulnerable residents. We started providing primary healthcare to residents in the vicinity of the GHD in 1998, through mobile medical units (**MMUs**) stationed at Spring Valley Elementary School and at the McAlister Institute, and with the opening of our first two clinics in the area. Since then, we have accumulated a wealth of experience developing and implementing community-based programs that are targeted to the specific needs and service gaps in this area, working with numerous partners such as SGH to address mutual priorities for primary and mental healthcare needs of residents. FHCSD now operates four primary care clinics, two dental clinics, three behavioral health facilities, and a vision clinic in San Diego's East County, caring for a combined 38,836 individuals in 2016 alone. Our three MMUs serve schools, homeless shelters, community centers and other neighborhood locations throughout the GHD. In 2016, 22.7% of all FHCSD's health center patients were residents of East San Diego.

3. Current Activities/Programs Operated by FHCSD

The FHCSD system of care offers a comprehensive array of health services to more than 195,000 patients each year – a third of our regions' low-income patients. The wide range of available services include general and specialized medicine, mental health services (**MHS** – including psychiatry and individual and group therapy), pediatrics, women's health services, older adult services, dentistry, optometry, child development services including speech and language screening and therapy, perinatal assessments, physical therapy, sports medicine, chiropractic, audiology, health education and wellness, HIV testing, cardiology, dermatology, and laboratory and pharmacy services. Specialty care services include HIV prevention, treatment, and counseling services, ENT, podiatry, and referral linkages for both specialty care and hospitalization. In addition, we offer seven behavioral health facilities, seven dental clinics, three vision clinics, three mobile medical units, and three elementary school based health clinics.

4. Cooperative and Collaborative Linkages with Other Organizations
For the ToC program, FHCSD is partnering with SGH to refer unassigned or non-established hospital patients to GFCC services for follow up and ongoing behavioral healthcare, to be provided at GFCC or another FHCSD site of the patient's choice. This collaboration is facilitated by the sharing of computer systems that allow for real-time appointment scheduling and shared medical records, and will be supported by data collection by SGH staff to monitor readmission status for patients referred to GFCC. Additionally, FHCSD will continue to work closely with other collaborating social service agencies to help patients access resources for basic needs (food, employment, housing, etc.), including Mental Health Systems Employment Services, Noble Works, the Department of Rehabilitation, and Breaking Barriers of San Diego.

5. New Service or Established Program to be Expanded?
The ToC program was initiated in partnership with SGH shortly after GFCC opened, and has been accepting referrals for SGH patients since earlier this year. Referrals to ToC have been steadily increasing; however, of the 361 referred from April through September, only 36% (103) attended their GFCC appointment (50% were no shows, 6% were cancellations, and 8% were same day cancellations), even with the appointment being made for them electronically by SGH staff during the discharge process. This patient population faces many barriers to care, and those who don't access good outpatient treatment for mental health problems frequently return to the hospital. The expansion of the ToC program to include two PSS staff members to the care team at GFCC is expected to reduce "no show" and cancellation rates at GFCC and increase treatment compliance – increasing the number of patients who participate in outpatient care and reducing the number of patients who present to SGH for inappropriate acute care use within 30 days of discharge.

6. Organizations or Programs in Community Providing Similar Services:
To our knowledge there are no other organizations with the systems that: 1) Allow SGH discharge staff to electronically access a community-based mental health appointment system (ER Connect); 2) have a service site on the campus of SGH; 3) provide PSS as team members within a traditional mental health program; and 4) have the capacity to provide underserved patients with a PCMH site for comprehensive mental health and primary care medical services. The current collaboration with SGH has already resulted in nearly 400 referrals to GFCC in just six months, and is expected to result in at least 60-70 more referrals each month moving forward.

E. PROBLEM STATEMENT / NEEDS ASSESSMENT

Currently, more than 18% of the adult population in the U.S. suffers from a mental, behavioral, or emotional disorder, and an estimated 10-20% of all ED patients present with psychiatric illness, a percentage that is increasing each year. Patients with mental health-related visits stay in the ED longer (23% have stays longer than six hours, compared to 10% of medical patients), and are more than twice as likely to be admitted to the hospital when compared to medically-related ED visits. The existence of mental illness (especially for those with psychotic disorders, impulse control disorder, and personality disorders) is also highly predictive of the likelihood of hospital readmission and ED revisits, which strongly correlates to insurance type (especially for the uninsured

or those with MediCal/Medicaid – the majority of FHCSD's patient population). But the ED and inpatient units are inappropriate care sites for these patients unless in crisis, and many hospital visits for these patients are considered avoidable – **if** these conditions are adequately managed through appropriate outpatient care.

The ToC program at GFCC was established in collaboration with SGH earlier this year in order to provide ongoing, community-based mental health care and (as needed) a primary care medical home for behavioral health patients upon hospital discharge. These patients are challenged to comply with treatment. Cultural attitudes, language barriers, depression-related denial, transportation difficulties, apprehension regarding unfamiliar systems, agencies, and staff – these and other barriers prevent their willingness to access the case-managed, culturally-sensitive education and mental health services that help them manage their condition. Although significant efforts have already been made by both SGH and FHCSD to ease the transition from ED or inpatient care to community-based mental health care (through development of the ToC program), the barriers to care facing this patient population have continued to result in lower-than-desired appointment show rates – and thus inadequate illness/disorder treatment – for patients referred to GFCC.

PSS are persons with lived experience with mental illness and mental health systems of care, making them an invaluable member of GFCC's MHS team and an invaluable and relatable advocate for the patient. Research on the involvement of skilled PSS in the healthcare setting indicates greater compliance with treatment and services, better health function, lower ED usage, fewer medications and prescriptions, and a higher sense of purpose and connectedness on the part of the patient. We anticipate that two PSS will manage referrals for 720 to 840 discharged SGH patients over the course of the grant year, **with a goal of increasing the show rate for initial assessment appointments to 55% from 36%, and decreasing 30-day ED revisits and BHIP readmissions by 20% and 30%, respectively**. Not all patients will accept peer involvement, and we anticipate reasonable caseloads for the two PSS staff.

F. PROGRAM SERVICES AND PERFORMANCE PLAN

1. Program Goals

Goal 1: Increase the number of referred patients who present for their initial GFCC assessment appointment.

Goal 2: Reduce the number of ED revisits within 30 days of SGH ED discharge.

Goal 3: Reduce the number of BHIP readmissions within 30 days of SGH BHIP discharge.

2. Measurable Objectives

Objective 1: Increase the show rate for initial assessment appointments from 36% (baseline) to 55%, by the end of the grant year.

Objective 2: Reduce the number of SGH ED revisits that occur within 30 days of discharge by 20%, by the end of the grant year.

Objective 3: Reduce the number of SGH BHIP readmissions that occur within 30 days of discharge by 30%, by the end of the grant year.

3. Program Effectiveness

The addition of PSS staff to facilitate initial and ongoing care has been found to be especially successful for patients with mental health issues. In one peer mentoring pilot project in Alameda County, PSS were matched with people recently released from psychiatric hospitals. Those accepting PSS support experienced a 72% reduction in readmissions to the hospital, and the County experienced a 470% return on investment. A Georgia state study of PSS use with discharged patients resulted in a 55% reduction in acute care costs and better outcomes. A Delaware state study showed a 50% reduction in ED use, and rehospitalization was reduced from a baseline of 48% down to 10%. A Washington state study reduced hospitalizations by 79%.

Both FHCSD and SGH recognize that the ability to gauge effectiveness for the use of PSS at SGH and GFCC will require strong supervisory practices and enhanced data collection, including: 1) Continued tracking of referrals by FHCSD; 2) continued tracking of appointments completed, no shows, cancellations, and same day cancellations by FHCSD; 3) initiation of baseline and ongoing tracking of 30 day ED revisits and BHIP readmissions by these patients by SGH staff, cross referenced to #2 above (SGH has agreed to initiate this tracking, and FHCSD will do the comparisons); and 4) initiation of tracking by FHCSD of PSS' interactions with each client, once PSS are on board.

The tracking information currently being collected is monitored for accuracy and maintained by FHCSD's Business Analyst for Planning and Support Services, a practice that will continue and expand to include the new data and analysis described above. Data and analysis will be reviewed on a regular basis by FHCSD's VP for Planning & Support Services, together with FHCSD's Director for MHS. Data analysis results will be shared with SGH management on a regular basis.

Additionally, the PSS to be hired will receive intensive, certified training from the Peer Employment Training Program provided by the National Alliance on Mental Illness (**NAMI**) through NAMI San Diego. This competency-based training program includes issues such as communication skills, cultural competency, conflict resolution, ethics, recovery from trauma, and being with people in challenging situations.

4. Applicability to GHD Mission

This project directly speaks to GHD's mission, specifically regarding freeing up access to SGH services and addressing unmet need. It provides a direct benefit to patients and SGH staff with smooth transitions to ongoing, community-based mental healthcare for patients in need, relieving the ED and BHIP of patients presenting who are not immediately in crisis (and opening up ED and BHIP space for those patients who are).

5. Obtaining Services

During the discharge process from either the ED or the BIHP at SGH, SGH's Discharge Planner will determine if the patient meets certain criteria for referral to FHCSD's GFCC ToC program (specifically, patients without a regular mental health provider, who aren't at imminent risk of seriously harming themselves or others, and who aren't actively experiencing hallucinations or delusions that place their own or others' safety at risk).

Once the Discharge Planner determines the patient is an appropriate referral, an initial appointment with GFCC is made directly through the ER Connect system or via FHCSD's Referral Line, before the patient is discharged. If during regular working

hours, the Discharge Planner will call GFCC and request that a PSS come over and meet the patient for a warm handoff (after hours, alternative meet up arrangements will be initiated by the PSS on a case-by-case basis). The PSS will provide in-person and time intensive individual assistance to patients in order to overcome barriers to care and ensure a successful, positive, sustainable patient referral experience. Ongoing assistance from the PSS will include activities such as teaching patients how to take a bus to the clinic (approximately 70 bus passes are budgeted for patients for whom transportation is a major barrier to care), going with patients to the clinic site, introduction to clinic staff, and providing emotional support to mitigate patient fear. The PSS will serve as patient advocates to resolve any problems or negative experiences, and will continue to work with the patient as he or she moves into care with FHCSD mental health specialists, acting as a model for wellness and self-sufficiency.

Patients will have access to scheduled appointments for care and also can use the clinic for follow-up to hospital visits. The patient's medical records from SGH will be shared with clinical staff at GFCC through the ER Connect system. Also, secure messaging allows FHCSD staff to communicate with SGH care teams as needed.

The patient's first appointment at GFCC will include an assessment by a Licensed Clinical Social Worker (**LCSW**) or Clinical Psychologist. This appointment will take place within 3 business days of the referral, and result in an initial, collaborative behavioral health care plan. Subsequent appointments will be scheduled with the most appropriate mental health provider(s), which may be a Psychiatrist, a Psychiatric Nurse Practitioner, an LCSW, a Psychologist, and/or a Substance Use Disorder Specialist. Services offered by FHCSD's MHS Department may include individual psychotherapy, group therapy, and other evidence-based practices including Motivational Interviewing, Trauma-Informed Care, and Cognitive Behavioral Therapy – geared to address individual patient goals and develop behavioral self-management plans. Patients will have access and support from their PSS during their care, and – as needed – access to comprehensive primary care services, case management including referrals, compliance monitoring, education/support groups focused on self-help and self-management; individual therapy for more complex and/or acute situations; and psychiatrist-facilitated medication management and hospitalization support, if needed.

6. Referrals and Marketing

Referrals will all be generated by SGH discharge planners through the existing system set up for the ongoing ToC program. A GFCC manager attends SGH discharge meetings, enhancing discharge coordination and providing information about the ToC program's policies and procedures. Marketing to participants will be through the one-on-one interaction when the patient receives a warm handoff to PSS staff.

7. Equipment Justification

The only equipment to be purchased will be two computers for use by the PSS staff.

8. Demonstrated Collaborations

The existing collaboration between SGH and FHCSD's ToC program at GFCC already results in a significant number of referrals and will continue to do so. Now, attention needs to be turned to improving our ability to connect with the referred patients and successfully engage and retain them in community-based mental health care.

G.1. PROJECT BUDGET FORM

Grantee: Family Health Centers of San Diego

Personnel	Grossmont Healthcare District Funding	Other Funding Available to Project	Total Project Budget
Salaries (list position)			
1. VP, Planning & Support Svcs	$0	$7,725	$7,725
2. Director, MH Services	$0	$3,554	$3,554
3. Assoc. Dir., MH Services	$ 5,019	$0	$ 5,019
4. Mgr., Counseling Services	$ 4,687	$0	$ 4,687
5. MH Peer Support Specialist	$26,480	$0	$26,480
6. MH Peer Support Specialist	$26,480	$0	$26,480
7. Business Analyst, Planning & Support Services	$ 2,202	$0	$ 2,202
Payroll Taxes and Benefits	$13,753	$2,391	$16,144
Consultant Fees	$0	$0	$0
Total Personnel	**$78,621**	**$13,670**	**$92,291**

Other Expenses	Grossmont Healthcare District Funding	Other Funding Available to Project	Total Project Budget
Telephone	$1,681	$0	$1,681
Postage	$ 240	$0	$ 240
Office Supplies	$ 400	$0	$ 400
Equipment (2 computers)	$2,000	$0	$2,000
Printing/Duplicating	$0	$0	$0
Information/Materials	$ 350	$0	$ 350
Travel	$ 450	$0	$ 450
Professional Services	$0	$0	$0
Rent	$0	$0	$0
Utilities	$0	$0	$0
Insurance	$0	$0	$0
Miscellaneous (list)	$0	$0	$0
1. Computer Software x 2	$1,000	$0	$1,000
2. Office Desk/Chair x 2	$1,310	$0	$1,310
3. Client Incentives (70 bus passes)	$5,500	$0	$5,500
Total Other	**$12,931**	**$0**	**$12,931**

TOTAL GRANT EXPENSES	**$91,552**	**$13,670**	**$105,222**

G.2. ALL BUDGET SOURCES

Per the adopted Grants Policy, organizations requesting more than $25,000 or having overall operating budgets of $500,000 or more are required to include such funding sources on the following form.

The following information is necessary to provide the Grossmont Healthcare District with a better understanding of the applicant and program financial resources. Organizations requesting more than $25,000 **or** having overall operating budgets of $500,000 or more are required to complete this form.

Total Organization Budget Current Fiscal Year $191,782,876

Total Requested Project Budget (if different from Organization Budget) $91,552

Source of Funds	List Major Sources of Revenue (Total Organization Budget) $ Amount	Percent of Total	One-Time Funding? (check if so)	List Project Sources of Funding (This Request) $ Amount	Percent of Total	One-Time Funding? (check if so)
Federal Funds	$20,672,363	10.8%		$0	0.0%	
State Funds	$991,413	0.5%		$0	0.0%	
City/County Funds*	$10,470,251	5.4%		$0	0.0%	
Other Government	$0	0.0%		$0	0.0%	
Proposed GHD	$91,552	0.1%		$91,552	87.0%	✓
Fees for Service	$136,509,562	71.2%		$0	0.0%	
Non-Profit Organizations	$0	0.0%		$0	0.0%	
Private Donations	$1,321,757	0.7%		$0	0.0%	
Other (list) (Interest income, over-the-counter pharmacy sales, medical records income, in-kind contributions, rental, donations, miscellaneous income)	$21,725,978	11.3%		$13,670 (inkind from FHCSD)	13.0%	✓
Total Funding	$191,782,876	100.0%		$105,222	100.0%	

Percentage of the Organization's budget spent on administration 13.52%

Percentage of the requested Project budget spent on administration 0.0%

*City/County Funds

Does the Organization currently receive funding from any Cities or the County?

List jurisdiction, contract amount and contact person

Jurisdiction	Level of Funding	Contact Person	
		Name	Phone #
City of San Diego	$100,000	Ulysses Panganiban	(619) 236-6690
City of Chula Vista	$47,855	Jose Dorado	(619) 476-5375
County of San Diego	$10,322,396	John Pellegrino	(858) 505-6562

SHARP Grossmont Hospital

October 13, 2017

Grossmont Healthcare District
Board of Directors
9001 Wakarusa Street
La Mesa, CA 91942

Grossmont Healthcare District Board of Directors:

As Chief Operating Officer for Sharp Grossmont Hospital, I have been working with Family Health Centers of San Diego (FHCSD) for many years to improve the ongoing healthcare of patients from the Grossmont Healthcare District. This has included helping to design and implement two Transitions of Care programs in collaboration with FHCSD. The program that allows us to set up FHCSD appointments for medical patients before they are even discharged from the hospital currently refers thousands of patients each year for continuing care. Based on the success of that program, when FHCSD set up the Grossmont Family Counseling Center (GFCC) on the Sharp Grossmont campus in late 2016, I was eager to add the ability to set up post-discharge appointments for behavioral health patients leaving the ED or the Behavioral Health Inpatient Program at our hospital. To date, we have referred nearly 500 patients to GFCC, of which only 36% have completed their scheduled appointment. This is an obvious area for improvement, as it is well accepted that immediately connecting discharged patients in need with community care increases their treatment success, and decreases their need to return to the ED or to inpatient care.

I am familiar with FHCSD's strong track record of quickly identifying and working to improve aspects of care that should and can be improved. They have analyzed the initial "completed appointment" data and proposed the addition of Peer Support Specialists to the behavioral health team at GFCC. This effort to directly impact the number of patients who are able to overcome appointment barriers is based on their own successful experience with these staff, and their review of like programs and research studies. They experienced solid increases in the number of behavioral health patients attending scheduled appointments after adding peer support staff at a similar Transitions of Care program between Scripps Mercy Hospital and their Hillcrest-based Family Health Center. The numbers have impressed me, and I urge the Grossmont Healthcare District to support this mutually beneficial program enhancement. I believe the return on investment for Sharp Grossmont Hospital will be positive.

I am also happy to report that sustainability for this program will eventually be possible through MediCal and Medicare billing. The federal government recognizes certified peer support services in mental health as an evidence-based practice, and has developed formalized competencies and training requirements. California is currently one of only a handful of states nationwide that has not yet completed the process of gaining approval for peer support worker billable services, but concerted efforts continue and I trust it's only a matter of time.

Thank you for your consideration.

Anthony D'Amico, FACHE
Chief Operating Officer

SHARP Grossmont Hospital

October 13, 2017

Grossmont Healthcare District
Board of Directors
9001 Wakarusa Street
La Mesa, CA 91942

To the Board of Directors at Grossmont Healthcare District:

I would like to add my support to a funding proposal currently before the Board, the one from Family Health Centers of San Diego regarding adding Peer Support Specialists to a relatively new program that directly benefits our patients. As the Director of Behavioral Health Services here at Sharp Grossmont, I believe the described expansion of this program will improve its operational impact.

My department enjoys a strong collaboration with GFCC, with GFCC management staff attending our discharge meetings to help coordinate care. Since earlier this year, Behavioral Health at Sharp Grossmont Hospital has been able to directly set up appointments at the Grossmont Family Counseling Center during discharge, for patients needing follow up care. This has allowed our discharge planners to hand a patient (before they even leave the hospital) details about a confirmed appointment to occur within a few days of discharge. This has dramatically increased not only our ability to ensure continuity of care, but has increased the number of patients setting up an ongoing relationship with excellent community clinicians who can define and manage appropriate treatment plans to meet each patient's needs.

With the counseling center merely steps away from the hospital, you would think that all referred patients would take advantage of this opportunity, but they don't. I believe that adding Peer Support Specialists – who would initiate their contact shortly before or after patient discharge – will increase the number of patients who access needed care. I believe this in turn will decrease the number of these patients that we see returning to Sharp Grossmont's ED and/or behavioral unit, improving our readmission metrics and decreasing costs.

I believe that peer support can work, especially with the supervision capabilities that I have seen exhibited by family counseling center managerial staff. We are happy to work in concert with Family Health Centers to collect the data that will track if and when these patients return to Sharp Grossmont, so we can validly measure the impact of adding Peer Support Specialist staff to this partnership. I believe this program will provide us with better patient outcomes and cost savings, and I encourage your support.

Sincerely,

Roseann Giordano, RN, MS, NE-BC
Director, Behavioral Health Services