Lake County Project Restoration

Project Charter

Increasing Quality, Capacity, Accessibility and Coordination to Support Countywide Superutilizers

Colbrandt/Wakefield
6-9-2017

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1. Purpose of the Charter

This charter will define the vision, scope, goals, objectives, and overall approach for Lake County Project Restoration. This charter will be the single point of reference for the project work plan, budget and roles and responsibilities as well. In addition, it will serve as a contract between all project participants, stating what will be delivered according to the budget, time constraints, risks, resources, and standards agreed upon for the project. Changes in the charter will require the approval of the project director, project coordinator and advisory member committee.

2. Problem Statement

There is a consensus among the participating organizations in Lake County Project Restoration that the current system for delivering care and support to patients and community members who represent the top 10% of our individual and collective system's services is broken. To varying degrees, patients who present to emergency rooms, are admitted to community hospitals, as well as many who require behavior health interventions, and generate 911 calls and law enforcement engagements, represent upstream failures in the system. The hypothesis of the LCPR is that tertiary care delivery, crisis and community-based service systems are underfunded, antiquated and dysfunctional. Further, we hypothesize that current state policies limit the availability of outpatient services and are not responsive to the current demand, nor do these policies represent an understanding of contemporary best practices in care delivery.

While the downstream results of a sub-optimal, fragmented system are many, some important examples of the problems facing communities include:

- Delays in patient care
- Inappropriate burden on ER's including extended boarding
- Increased risk and liability for health systems and community agencies
- Increased avoidable (re)hospitalizations
- Injuries to staff from patients with mental health and addiction issues
- Increased burden on law enforcement and other city and county resources
- Increased burden on first responders
- Ineffective patient/community member support.

Several policy decisions over the past decade may be contributing to the problem. In an environment where patient volume and community need has grown steadily, funding for short term care facilities and crisis intervention services has remained flat, or in some cases, decreased. City and county resources are stretched thin and make innovation challenging. These issues are compounded by stigma around behavioral health illness disclosure, diagnosis and treatment as well as a dearth of professional and public education surrounding behavioral health. All of these issues have resulted in a lack of access to effective upstream behavioral health care that meets demand and needs of patients.

The 2016 Lake County Health Needs Assessment identified mental health and substance abuse treatment as one of five key health issues facing the county. However, no holistic, data-driven assessment of the current state service delivery in the region exists and well-intentioned stakeholders continue to approach solutions in a piecemeal and siloed manner. Until the entire universe of stakeholders is engaged and disparate sets of data are aggregated and analyzed the true nature of the problem(s) facing patients, community members, health care providers and other service providers will continue to be purely speculative. Absent a holistic analysis, these questions will remain unanswered, proposed solutions will continue to be speculative, and systems innovation will not be possible.

Financial Implications to Organizations

Health care organizations, county and city agencies and local non-profits face significant challenges in the marketplace that are exacerbated by patients and communities who fall into the top 10% of utilizers.

- Increased length of stay for patients
- Risk associated with the delivery of acute care in an inappropriate setting
- Reductions in funding from the state/unfunded mandates
- Lack of funding for costs incurred and/or revenue lost due to flawed system design & implementation of community services
- Penalties for high rate of readmissions due to unmanaged health issues
- Staffing costs for one to one patient care
-
- Inefficient use of staff time, making community improvements difficult and/or impossible
- Top 10% of the utilizers dominate resources and limit available support for other community members and patients
- Continued poor community morale and pride

3. Project Vision

Lake County Project Restoration aspires to understand the current state of the service delivery system in the region, draw evidence informed conclusions, and recommend and implement both pilot projects and policy changes that will result in more timely and more appropriate care and utilization for consumers of health care and other services in our region.

4. Project Description

The Project Director and the members of Project Restoration will oversee and support a project that has six phases. The day to day management of the project will be the responsibility of St. Helena Hospital, Clear Lake (soon to be known as Adventist Health Clear Lake) with roles and responsibilities defined below. While this project is described in phases, not all of the project activities and deliverables will be sequential. Some activities may overlap, or continue throughout the duration of the project.
Project Plan attached as Appendix A

1. Project Planning, Budgeting and Resource Identification
2. Listening, Understanding and Defining Roles and Responsibilities
3. Measuring & Mapping

4. Project Restoration Pilot Launch
5. Data Analysis and Reporting
6. Identification of Policy Initiatives and additional Pilot Projects
7. Dissemination of Findings, Ongoing Implementation of Pilots & Policy Initiatives

5. Timeline

Project Planning Period: February 1, 2017 – June 9, 2017
Start of Project: At charter signing

6. Budget

Estimated: $300,000: *Budget attached as Appendix B*

7. Core Organizational Participants

Organization	Advisory Team	Implementation Team	Task Group Housing	Task Group Community Health Worker	Task Group MH & Substance Use	Task Group Transportation
Adventist Health Live Well		X		X	X	
Adventist Health: St. Helena Clearlake	X	X	X	X	X	X
Alcohol and Other Drug Services						
City of Clearlake: Mayor						
City of Clearlake: Police Department						
City of Lakeport: Police Department						
Continuum of Care for the Homeless						

County of Lake: Behavioral Health						
County of Lake: Department of Social Services						
County of Lake: District Attorney's Office						
County of Lake: Probation Department						
County of Lake: Public Health						
County of Lake: Sheriff's Department						
Employment Development Department						
Hospice of Lake County						
Institute On Aging						
Konocti Adult Education						
Lake County Fire District:						
Lake County Community Development						
Lake Family Resource Center						
Lake Ministerial Association						
Lake Transit Authority						

Mendocino Community Health Clinic: Lakeview Health Center						
North Coast Opportunities						
Northshore Community Center						
Planned Parenthood						
Redwood Community Services						
Sutter Lakeside Hospital						
Veterans Administration						
WorkforceLake						

8. Goals & Objectives

Goals	Objectives
A) **Seeing and Understanding-Stakeholder Engagement and Coordinated Learning:** This project will engage a holistic universe of stakeholders through outreach efforts, and involvement in LCPR initiatives.	1. Conduct stakeholder mapping sessions with the collaborative members and community partners to identify the broadest possible set of stakeholders to be engaged. 2. Draft and implement a communications plan for the project that leverages the resources of the collaborative members to facilitate the bi-directional flow of information about the project. (Include innovative ways to use social media to amplify the communications plan and stakeholder engagement in the project) 3. Conduct stakeholder learning sessions on topic such as Change Acceleration Process and Systems Design to ensure shared vocabulary, values and processes for all stakeholders facilitating the ability to successfully implement innovative solutions.
B) **Seeing and Understanding-Data Gathering and Analysis:** This project will map the current state, and estimate the comprehensive cost, of social service, primary, secondary and tertiary care and services in the region; and develop shared systems of data collection and analysis.	1. Consult with stakeholders and experts to identify the data sets needed to conduct a comprehensive analysis and ongoing evaluation of project outcomes. 2. Consult with stakeholders and experts to identify and adopt appropriate forms, processes and protocols for effectively sharing necessary information to ensure project outcomes.

C) **Pilot Implementation**: The pilot project will build capacity within the system in the region to meet outcomes. Areas of focus will include: • Access to care • Quality of care • Patient, provider and public safety • Reduction/mitigation of inappropriate ED and inpatient utilization • Reduction in avoidable readmissions caused by the inadequate or inefficient delivery of services • Reduction in inpatient length of stay • Improved quality of life assessment scores • Reduction in homelessness for identified utilizers • Improved individual health outcomes for utilizers (BMI, AC, Blood Pressure) • Reduction in avoidable 911 calls and law enforcement/emergency personnel engagement • Reduction in days incarcerated for top utilizers • Reduction in parole violations for top utilizers	1. Collaboratively outline pilot implementation strategy, bundled projects (community health workers, transitional housing) 2. Collaboratively identify and budget all available pilot resources 3. Engage all stakeholders in the adoption of the finalized project charter and agreed upon protocols 4. Identify stakeholder roles and participation commitment level 5. Recruit project coordinator to manage project implementation 6. Engage evaluator to monitor project outcomes and provide analysis and recommendations for project refinement 7. To the extent that "low-hanging fruit" initiatives present themselves to the group during the project, collaborative members may implement additional bundled initiatives that support the LCPR charter.

9. Assumptions

a. A commitment to sharing relevant data with LCPR members
b. Key stakeholder buy-in and willingness to participate
c. The scope aligns with the time and resources allocated to the project

10. Scope

Draft of Scope attached as Appendix C

11. Out of Scope

LCPR has not identified any out of scope items at this stage in the planning. Logical areas of analysis may be considered out of scope as the project is refined. This section is a placeholder for updates to the Charter.

12. Project Milestones

Once the project budget is approved, and the project plan is finalized, several milestones will be identified throughout the course of the year and listed here.

13. Project Organization

St. Helena Hospital, Clear Lake (soon to be known as Adventist Health Clear Lake) has convened stakeholders and subject matter experts to understand the current state of and make evidence-informed recommendations for improving the service and health care delivery system in Lake County.

Member of the Committee Of The Whole have volunteered to contribute their time and individual expertise to this project. Advisory Members of the committee will meet monthly to refine the pilot project, identify project participants, review data and project updates, offer solutions to overcome challenges and barriers, analyze outcomes, dialog, draw conclusions and come to consensus and make recommendations for ongoing project implementation and improved system design. SHCL staff and identified experts will support the committee through day to day management of the pilot project; resource gathering, information analysis, and synthesis; meeting and workgroup facilitation; and report development and dissemination. Individual Advisory Members are responsible for attending and providing their insight, guidance, and expertise in committee meetings, workgroups, and processes as well as representing the shared vision of LCPR at their institutions, to outside stakeholders, and the public. Implementation Members of the committee will convene at least monthly, or more frequently at the request of the Program Coordinator to implement the service delivery of the pilot initiative, including identification of client, client triage, initial triage assessment of client through the 16 domains of care (Appendix D), development, implementation and revision of client care plan, data collection and reporting to Advisory Member committee.

14. Key dependencies

a. Access to data in a timely manner
b. Achievement of consensus on the project goals, objective and scope prior to February 15, 2017
c. Hiring of Project coordinator

15. Key Stakeholders

As part of the planning and early work of the project, the team will conduct a comprehensive stakeholder identification/mapping exercise to assure that we engage the broadest possible set of individuals to inform the project. A partial map is attached as Appendix E, to be augmented in the coming weeks.

a. Resources (people, finances, equipment, materials)
See Appendix B - attached initial proposed budget to be updated by August 2017.

16. Risks

#	Risk Area	Likelihood	Risk Owner
1	Inability to access required data	moderate	Advisory committee members
2	Inability to access key stakeholders	low	Advisory committee members
3	Withdrawal of a collaborative member	low	Advisory committee members
4	Collaborative fails to achieve consensus, maintain cadence and momentum, implement systems design changes needed	moderate	Project Director, Project Coordinator

17. Roles and Responsibilities

Committee of the whole:

- **Stakeholder management**
  - Identify necessary stakeholders to engage
  - Participate in stakeholder mapping
  - Provide connections between data collection team and stakeholders (as necessary)
- **Data collection**
  - Identify data sources
  - Participate in data mapping

- **Data collection and analysis**
  - Identify data sources
  - Participate in data mapping
  - Analyze and select data sharing agreement and processes to utilize during pilot project implementation
  - Attend committee and workgroup meetings to review and dialogue around evidence
  - Interpret and triangulate evidence synthesis across data types
  - Deliberate to consensus on evidence informed conclusions and recommendations

- **Intervention design**
  - Identify potential areas for additional pilot and bundled projects
  - Design interventions/pilot/bundled projects
- **Communications**
  - Represent and disseminate the shared vision of the committee to individual institutions, partners, care providers, government officials, other outside stakeholders, and the public
  - Speak on behalf of the committee at public meetings and dissemination events (as necessary)
  - Disseminate reports of project outcomes
- **Report production**
  - Write sections of the draft report
  - Review and provide feedback on report drafts

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- **Project management**
  - Draft project plan
  - Recruit and oversee project director
  - Facilitate training sessions for Advisory and/or Implementation Members on best practice theories such as Change Acceleration Process, 6-sigma and human centered design, motivational interviewing, teach back methods, etc.
  - Facilitate and manage the Advisory Member committee
- **Stakeholder management**
  - Facilitate stakeholder mapping
  - Secure stakeholder investment/commitment
  - Manage ongoing stakeholder communications
- **Data collection and analysis**
  - Conduct literature review
  - Facilitate identification of data sources
  - Draft legal agreements for data gathering and integration
- **Intervention design**
  - Work with the Committee to identify potential areas for pilot/bundled projects
  - Facilitate design of interventions/pilot/bundled projects
- **Communications**
  - Build and manage webpage
  - Compile/distribute public communications materials with support of committee members
  - Manage press strategy
- **Event planning**
  - Schedule and coordinate meeting logistics
  - Plan special events and conferences as appropriate
- **Education**
  - Gather and disseminate educational materials
  - Facilitate stakeholder education
- **Report production**
  - Synthesize committee's conclusions and recommendations

- Outline and write sections of the draft report
- Edit and finalize report for dissemination

18. Committee Roles and Deliverables

Goals	Committee Role	Committee Deliverable
A) **Seeing and Understanding: Stakeholder Engagement and Dialogue Interviews**	• Identify stakeholders to engage-provide thought leadership in stakeholder mapping • Act as champion at member hospital to facilitate stakeholder engagement and interviewing (provide introductions, assistance in scheduling observations/focus groups, participate in interviews) • Share best practices and lessons learned from member hospital • Assist in review and preparation of case study from member hospital • Provide connections and facilitate engagement with external stakeholders (as possible) • Participate in dialogue interviews, focus groups, and site visits with external stakeholders to further insight and awareness around	• Communications plan that facilitates bi-directional flow of information about the project • Stakeholder map of behavioral health in the region • Comprehensive case study of all 5 member hospitals-for knowledge sharing of best practices and lessons learned and identification of potential pilot projects • 4 special events focused on education and stakeholder engagement

	current challenges and opportunities • Attend stakeholder educational events • Draft and review sections of the case studies	

B) **Seeing and Understanding-Data Gathering and Analysis:**	• Identify quantitative data sources and participate in data mapping
	• Act as a champion at member hospital to facilitate data gathering
	• Attend committee and workgroup meetings to review, interpret, and triangulate across quantitative, qualitative and policy data synthesis
	• Draw evidence informed conclusions around the current state of behavioral health. Identify potential barriers, bottlenecks, successes, opportunities
	• Draft and review sections of the current state analysis
		• Current state analysis of behavioral health in the region including:
		  ○ Geospacial map of behavioral health resources in the region
		  ○ System maps documenting a patient's journey
		  ○ Synthesis of quantitative and qualitative data analysis
		  ○ Synthesis of literature review of current federal and state policies on behavioral health and best practices and national models

C) **Prototyping-Policy Recommendations**:	• Identify and present policy initiatives that impact the delivery of behavioral health in the region • Identify and connect to the committee policy	• Committee co-created policy and advocacy agenda with identified champions • Final report containing cases studies, current state analysis and committee intervention and policy recommendations to build the capacity within the behavioral health system in the region to meet patient demand

	champions at the state level • Attend committee and workgroup meetings dialogue around and interpret policy analysis • Develop evidence informed policy recommendations • Draft and review sections of the final report	
D) **Prototyping-Intervention Recommendations:**	• Identify and present best-practice models from member hospital • Identify a "low-hanging fruit" best practice initiative to pilot at individual hospitals to deliver short term wins • Implement "low-hanging fruit" pilot projects at member hospital • Attend committee and workgroup meetings to review evidence (best practices, costs, risks, funding) and identify potential pilot projects for implementation • Develop evidence informed pilot project recommendations • Draft and review sections of the final report	• Identified "low-hanging fruit" best-practice initiative to pilot at member hospital to deliver short-term wins • List of evidence informed pilot projects and programs recommended by the committee that can be implemented by the members of the collaborative to increase efficacy and efficiency to better serve consumers of behavioral health services in the region • Final report containing cases studies, current state analysis and committee intervention and policy recommendations to build the capacity within the behavioral health system in the region to meet patient demand

19. Charter Version Control

Version	Date	Author	Change Description
1	2/10/17	Shelly Mascari	Draft charter created
2	6/9/17	Marylin Wakefield Conrad Colbrandt	Revision 1

20. Approvals

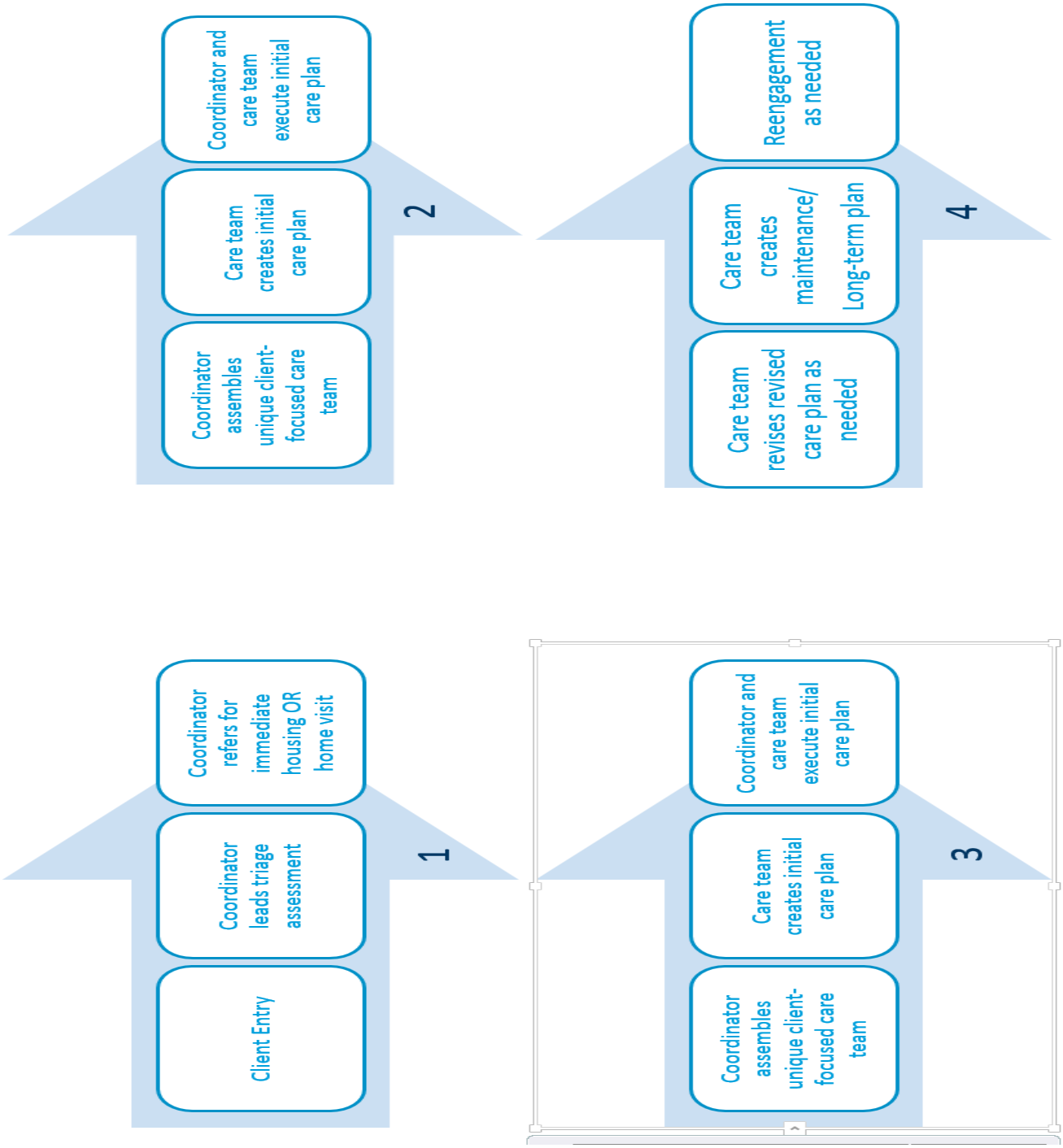
Prepared by Marylin Wakefield
Project Director

Adopted by

Organization Name	Representative/Title	Signature	Date

21. Appendices

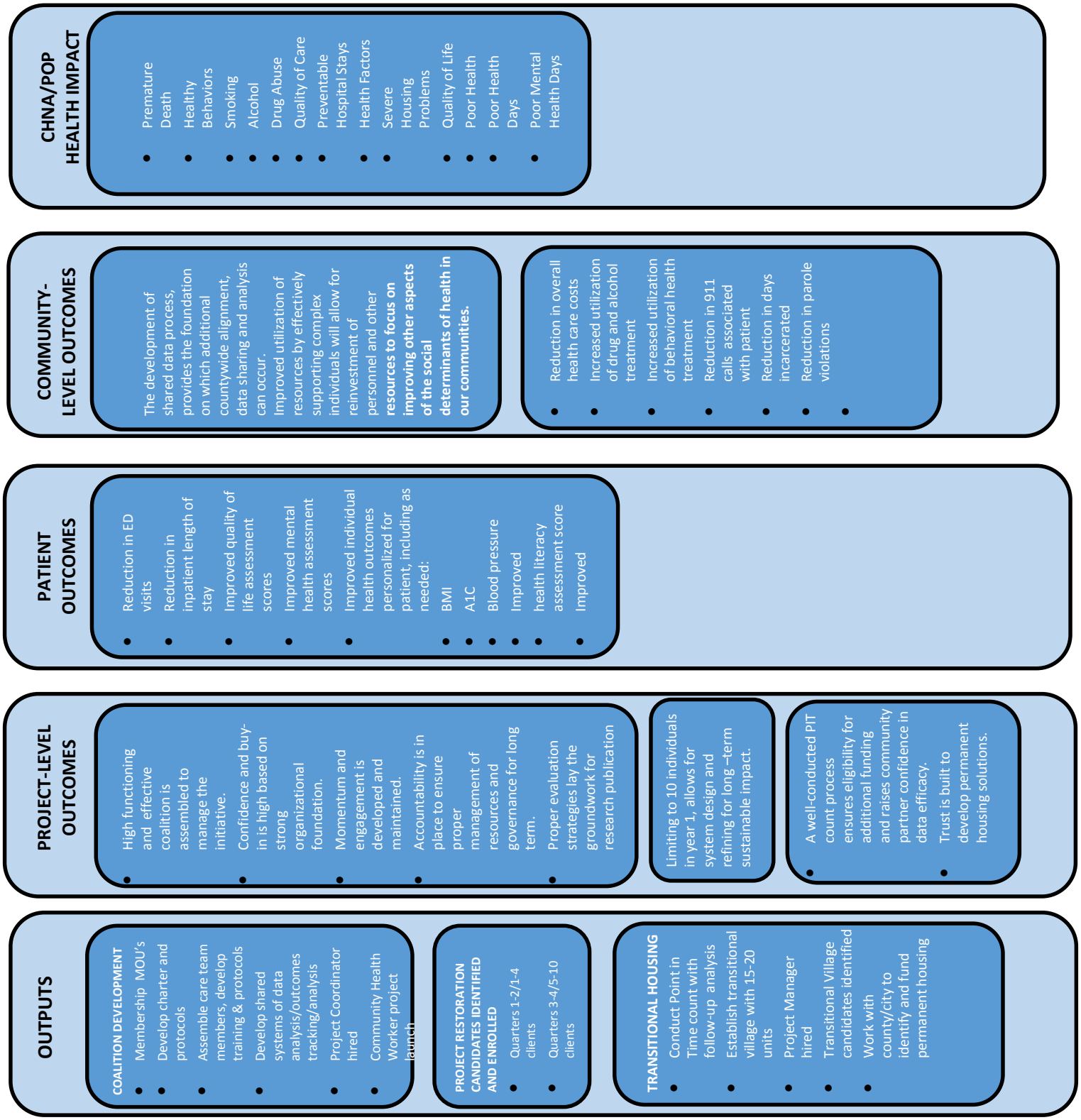
Appendix A: Project Plan



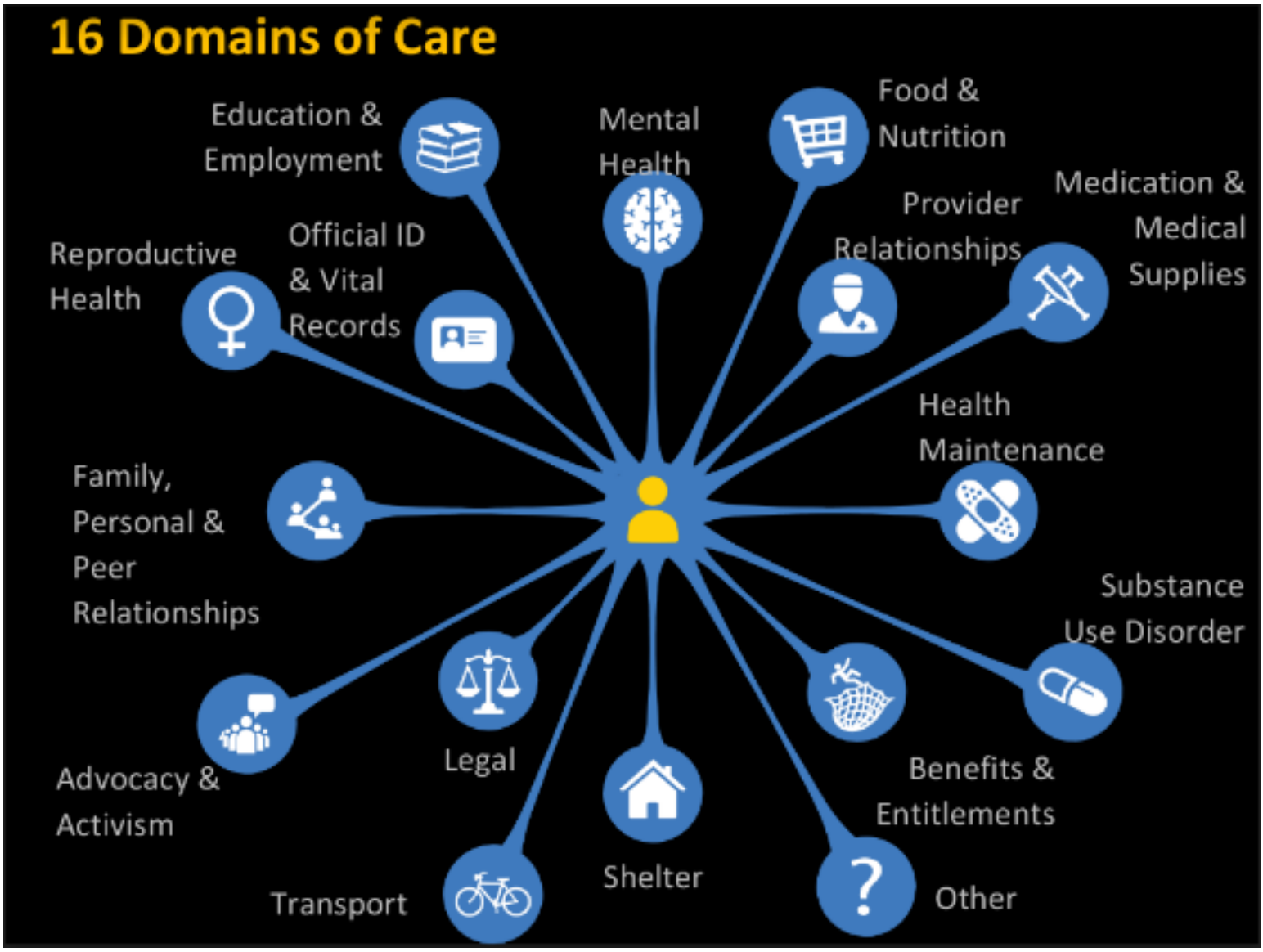
Appendix B: PROJECT BUDGET

PROJECT RESTORATION BUDGET 3/2017 – 9/2018	
FUNDING	
Adventist Health	$ 300,000.00
PROJECT BUDGET	
Project Director	In-kind Support
Project Coordinator	$ 75,000.00
Materials/Communication/Technology	$ 45,000.00
Community Prevention/Assessment Team (Fire Protection District)	$ 30,000.00
Transitional Housing	$ 150,000.00
Unallocated Funds	
TOTAL	**$ 300,000.00**
COLLABORATIVE DOLLARS/PROGRAMS	

Appendix C: SCOPE OF WORK



Appendix D: DOMAINS OF CARE



This resource was shared as part of the *Complex care startup toolkit* from the National Center for Complex Health and Social Needs, an initiative of the Camden Coalition. Find the full toolkit at www.nationalcomplex.care/startup-toolkit.