

unity

center for
behavioral
health



If someone in your life was having a behavioral health emergency, who would YOU call?

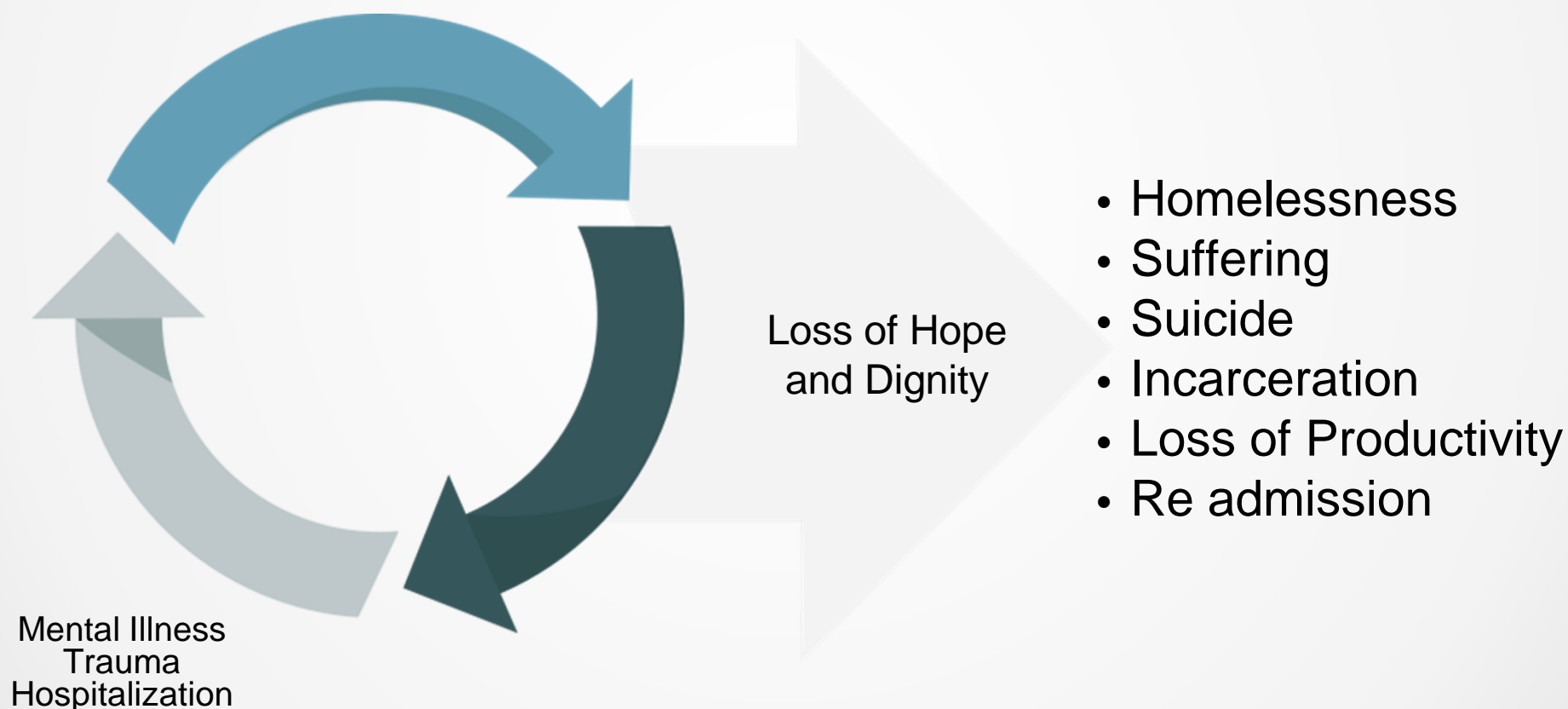


- Best for physical emergencies
- Overcrowded
- Best case: stabilization

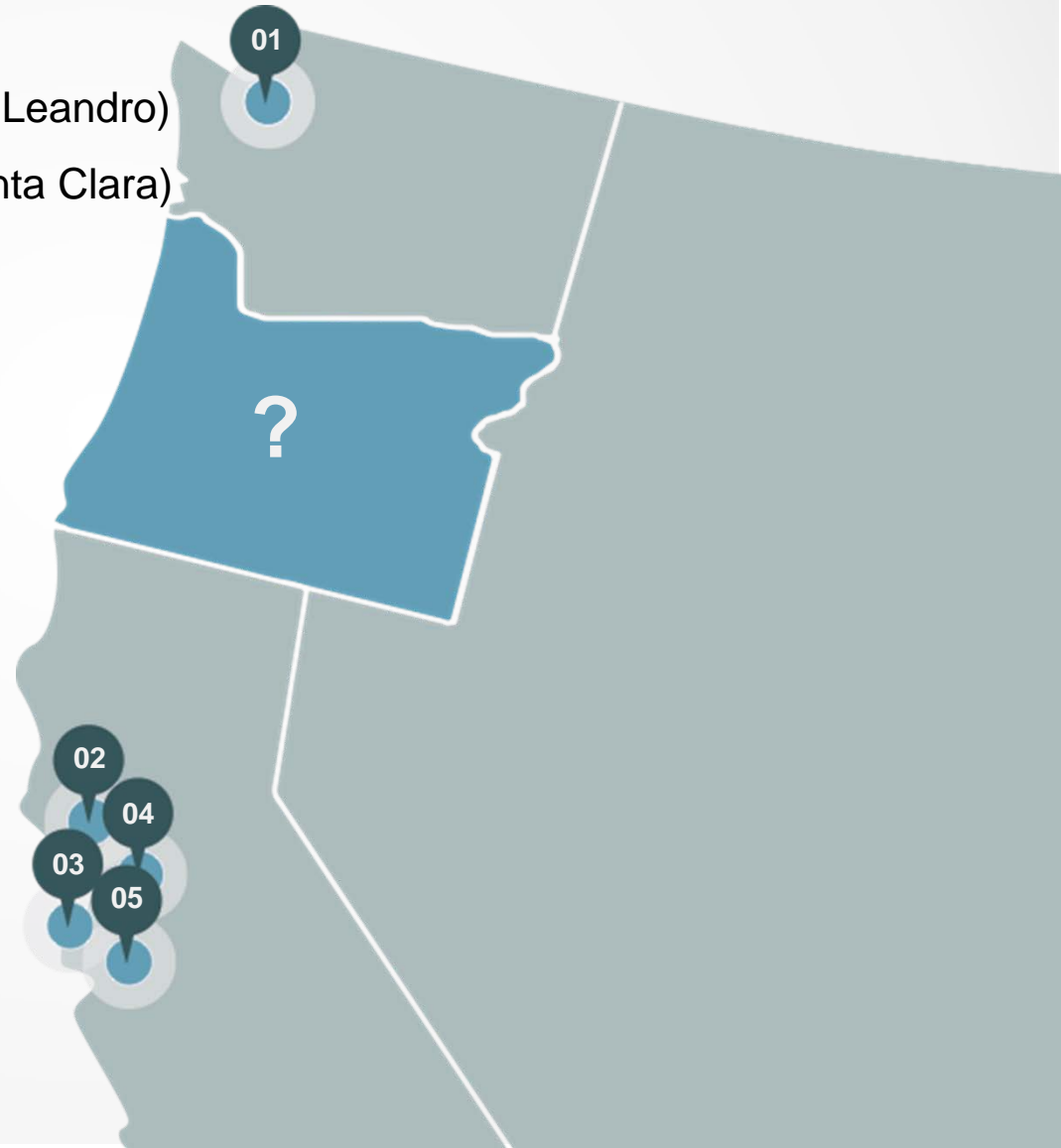
Oregon has a Behavioral Health Access Issue

Without a place to go when you are in crisis...

Inadequate Access to Treatment
and Social Supports

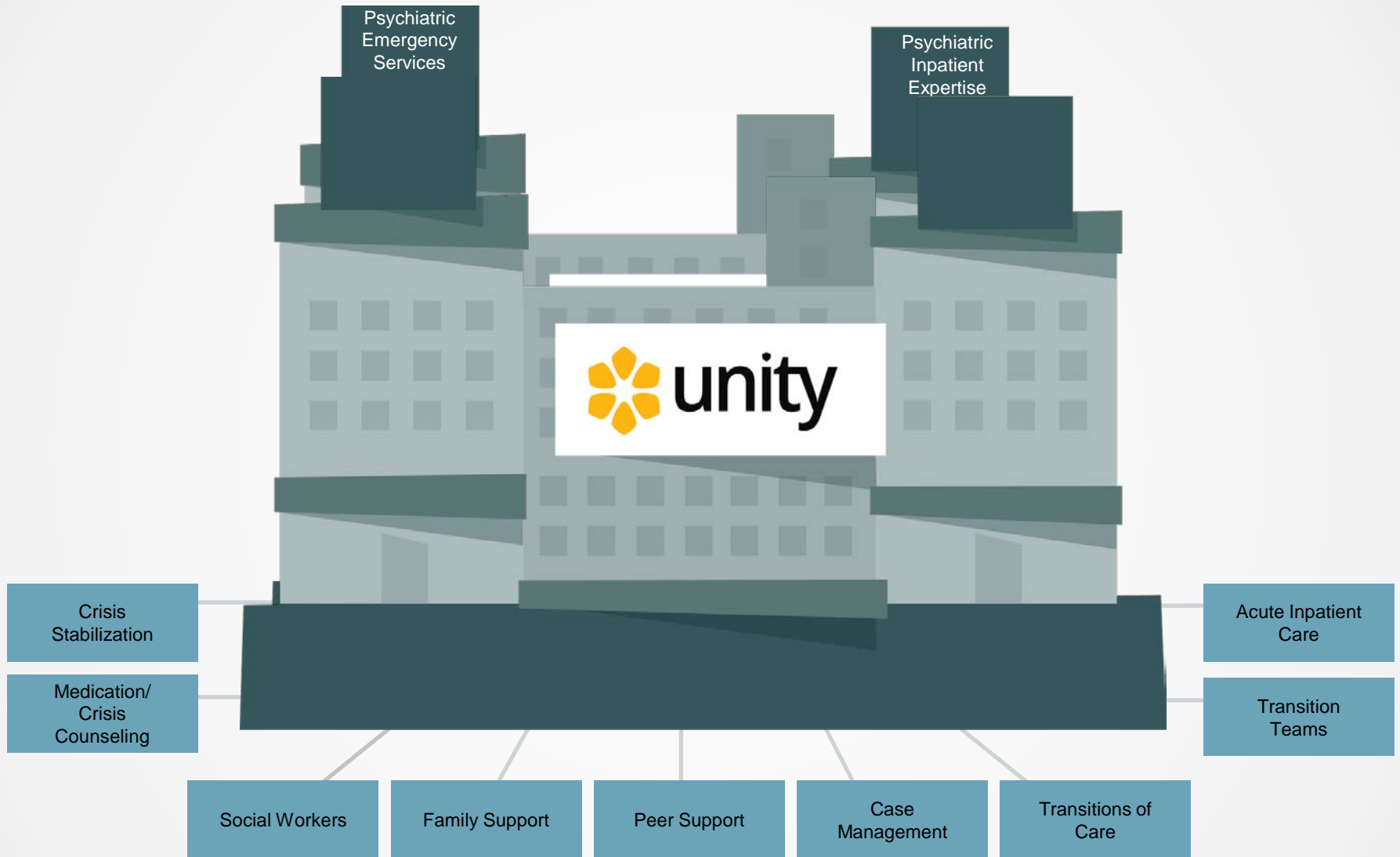


- 01 Harborview Medical Center (Seattle)
- 02 Marin General (Greenbrae)
- 03 San Francisco General (SF)
- 04 John George Psychiatric Hospital (San Leandro)
- 05 Santa Clara Valley Medical Center (Santa Clara)



We Have a Solution





Unity Center for Behavioral Health

- Collaboration between Legacy, OHSU, Adventist and Kaiser –
- Will provide services to the region
- Legacy making the capital investment (\$50 million and facility will be licensed under LEMC
- 101 inpatient beds (79 adult beds, 22 adolescent beds)
- Adult Psychiatric Emergency service (45-55 pts./day)
- Built in space for Community Providers to help navigate handoffs from Unity to community
- Strong Peer support built into structure of Unity

Unity Center for Behavioral Health

- Majority of providers at Unity will be employed by OHSU and will be part of the OHSU faculty
- OHSU will be moving their Adult Psychiatry Residency and their Child/Adolescent Fellowships to Unity
- Unity will also serve as a training site for ED residents, medical students, nurse practitioner and nursing students.

Psychiatric Emergency Service

John George “Alameda” Model

- EMT - protocol for medical clearance and safe transport
- EMT transports to PES or ED
- Any patient over 65 goes first to nearest ED for medical clearance
- 35% patients come from 11 other local EDs
- Were able to reduce the local EDs boarding time from 10.5 hours to 1 hour and 20 minutes
- John George PES discharges 75% of the patients

Unity Model

Psychiatric Emergency Service

- PES will have 30-35 recliners and 6 rooms that can be assigned to calming patients, in rare cases for seclusions and restraints
- Environment designed to reduce agitation by giving patients control and using verbal de-escalation skills
- Calming architecture and colors to create environment of hope, recovery and hospitality
- Milieu is kept safe through relationships that are caring and respectful

Unity Center for Behavioral Health

- What is different about this model?
 - Collaboration between four health systems
 - Community wide effort (city, counties, payers, EMS, police, mental health and addictions providers)
 - De-criminalization of mental illness – aims to get police away from transporting patients with mental illness
 - 24/7 access to psychiatric care
 - Intentional design for transitions of care
 - Model of hospitality, hope and recovery
 - Peer support specialists part of the skill mix

Unity Care Model

- Unity Center's philosophy and operation will embrace the tenets of **Trauma Informed Care** with the goal of promoting safety, hope, growth and recovery.
- Unity Center will fully integrate the knowledge about trauma into its policies, procedures and practices.

Unity adopts six key principles of a trauma-informed approach

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice, choice
- Cultural, historical and gender issues
- (SAMHSA)

Unity Care Model

- Unity Center will also embrace the concept of **integration mental health and substance use disorder treatment**, which will be reflected in its policies, procedures and practices.

Unity Care Model

- To support Unity's recovery model Unity Center will employ **Telecare Recovery Centered Clinical Systems (RCCS)**.
- **RCCS** strives to create an environment that supports recovery by concentrating in the environment culture and conversations we have with our patients.
 - **Culture** – because the environment is the primary therapeutic intervention in a locked environment, Unity Center will focus on how we treat each other, how we treat the patient and how the patient experiences the treatment.
 - Unity will focus on **five awareness** areas: being nonjudgmental, power with and not power over, uniqueness of staff and patients, respect for staff and patients and focus of patient internal motivation, not external motivation.
 - **Conversations**: Unity will focus on cognitive behavioral therapy and dialectical behavioral therapy to talk about identity, hope, choice, harm and connections.

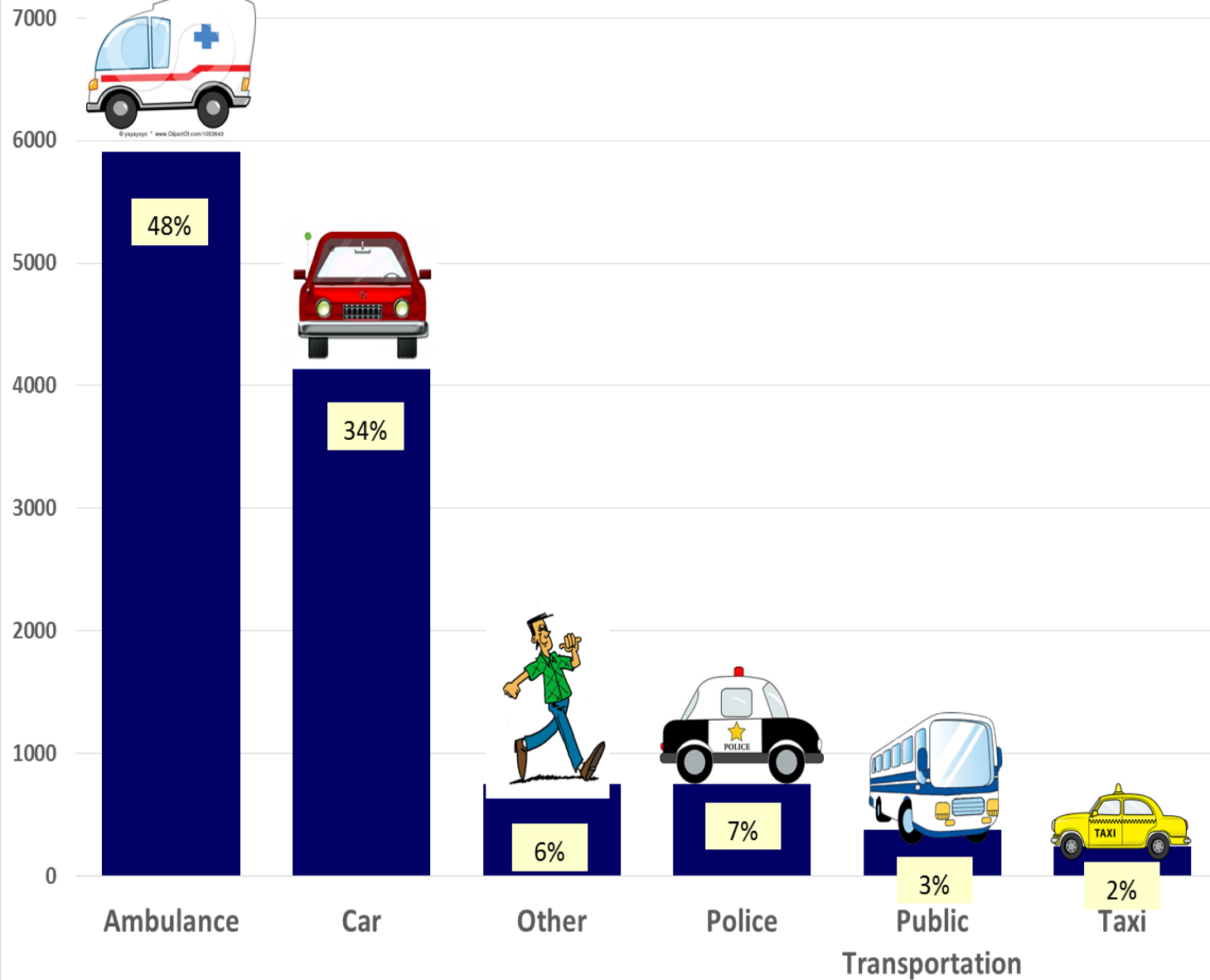
Unity Care Model

- In addition, to support Unity's growth and development model we will employ **Collaborative Problem Solving (CPS)**.
- **CPS** is an approach to understanding and helping children with behavioral challenges.
- Behavioral challenges in kids are best understood as the byproduct of lagging cognitive skills (rather than, for attention-seeking, manipulative);
- Challenges are best addressed by resolving the problems and challenging behavior in a collaborative manner (rather than through reward and punishment programs and imposition of adult will).

“The relentless pursuit of high quality behavioral health care that values the collaboration between patients, families and systems of care to find holistic solutions that work for all.

That’s Unity.” (Sample vision statement from Unity Visioning sessions).

Patient Arrival Mode: All Legacy



Existing Forecasts

INSTITUTION	ANNUAL VISITS	DAILY
OHSU	1,664	5
LEGACY	5,992	16
ADVENTIST	3,885	11
KAISER	1,825	5
SUBTOTAL	13,366	37
INPT ADMITS	4,622	13
TOTAL	17,988	49

Source: Holliday Park Proforma

Assume that 80% of existing ED psych volume will go to PES

Inpatient admission also go through PES

Legacy		ALOS in Hours		
		% Admitted	Overall ALOS	ALOS Inpt ALOS Outpt
Emanuel		13%	15	20 14
Good Samaritan		20%	14	21 12
Meridian Park		13%	9	5 10
Mount Hood		9%	11	5 11
Salmon Creek		10%	7	7 6
Legacy Total		13%	11	15 11

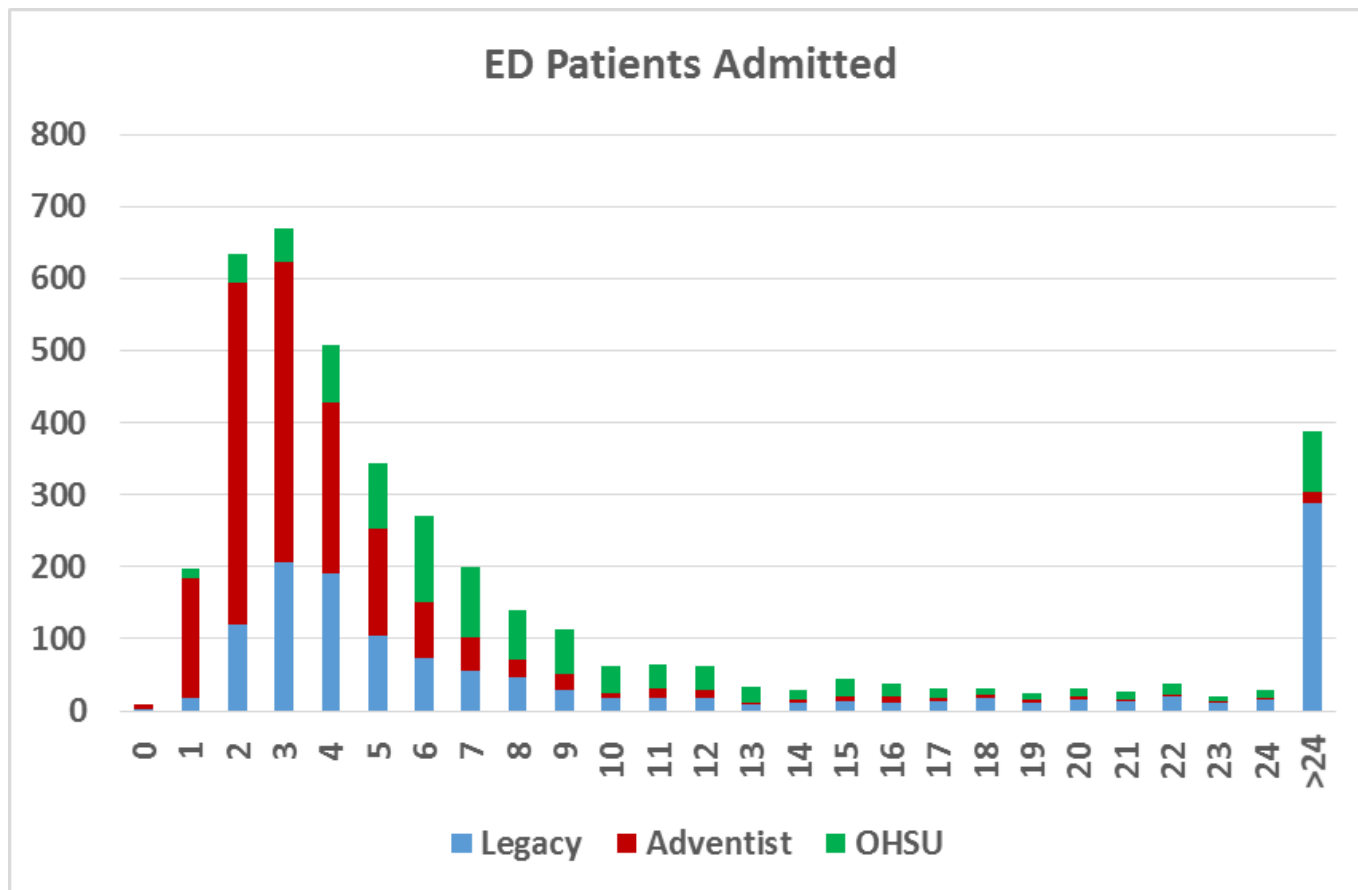
ALOS Benchmarks

Average Wait Times for Psych Patients in the
Emergency Department

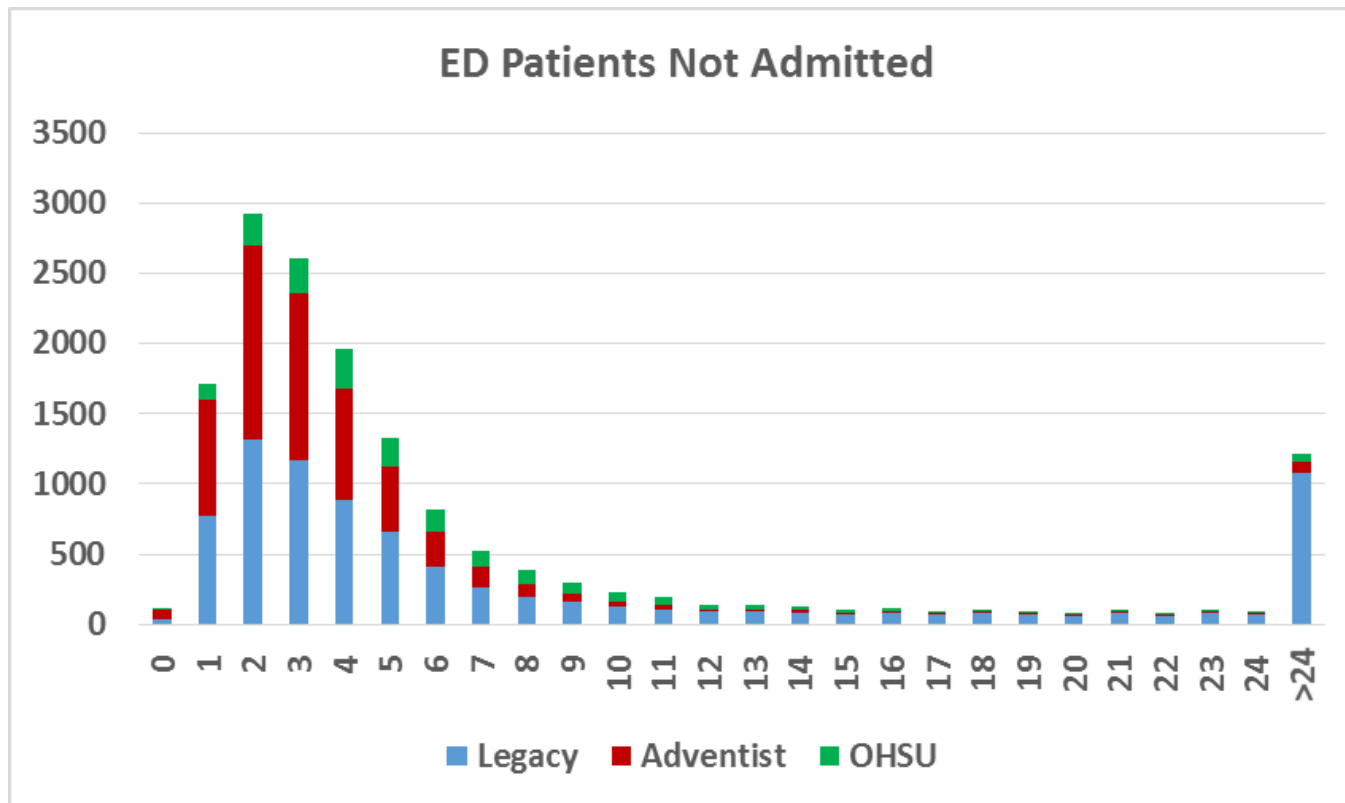
	ALOS in Emergency Department	Discharged to Home	Patients Admitted to Psychiatric Unit Within the Hospital	Patients Transferred to Outside Units <u>Within</u> the Local Healthcare System	Patients Transferred to Outside Units <u>Outside</u> of the Local Healthcare System
Average Length of Stay	11.5	8.6	11.0	12.9	15.0

LOS highlights

- Calendar year 2014 - 34% of the FamilyCare behavioral ED visits had LOS of less than 3 hours.



The x axis shows hours in the ED, and the y axis shows number of visits (calendar year 2014).



The x axis shows hours in the ED, and the y axis shows number of visits (calendar year 2014).

Noteworthy

- Legacy has more patients in the 24 hour + category than either Adventist (more beds) or OHSU (less volume). This is true for both patients admitted and not admitted.
- Overall, OHSU admits the highest percentage of patients (33.8%), with Adventist second (23.6%), and Legacy third (14.2%)

Unity Center for Behavioral Health

- Planned Opening – November 2016
- Legacy fundraising to help defer capital investment
 - \$28 million raised to date from private donors
 - \$3 million from Multnomah County
 - \$250,000 from Clackamas County
 - \$200,000 from Washington County
 - \$ 500,000 from City of Portland

Regulatory Update Satellite Rule

- Public Health Division, Health Care Regulation and Quality Improvement Program convened a Hospital Satellite Rule Advisory Committee (RAC) in November 2014 to consider a revised definition for a hospital satellite 333-500-0010(45).
- The revised definition specified that in addition to outpatient services, a satellite may be indorsed under a hospitals license to allow the provision of both inpatient psychiatric services and emergency psychiatric services in an off-campus location.
- Satellite offering such services would be required to comply with all federal EMTALA regulations as well as all rules pertaining to hospitals.
- Hospital satellites providing psychiatric services are required to comply with administrative rules and CMS Conditions of Participation specific to “Mental or Psychiatric Hospitals” which outline staffing needs, education and training of providers.

Regulatory Update Transportation Rule

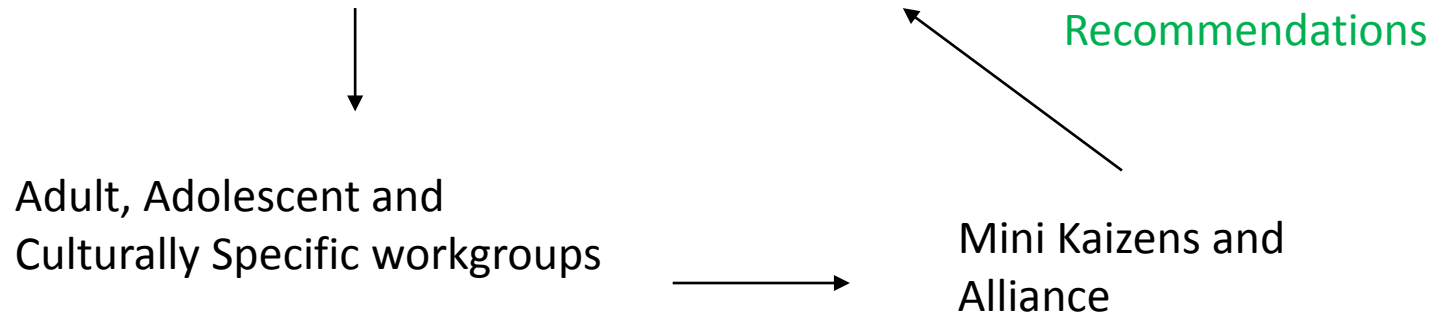
- Transportation rule involving OAR **309-033-0400 (Standards for Transportation and Transfer of Persons in Custody or on Diversion)** to allow ambulances to transport Police Custody Holds
- Specific rule 309-033-0432 - **Standards for the Approval of a Secure Transport Provider to Transport a Person in Custody or On Diversion to an Approved Holding Hospital or Nonhospital Facility**
- State will convene RAC in early October 2015

Regulatory Update PES definition

- Other states
 - *24/7 psychiatrist face to face or tele-psychiatry (not by phone)*
 - *Dedicated and specialized staff with MH and addictions training*
 - *24-hour observation and supervision for individuals in crisis , assessment, crisis stabilization, peer support, care management, medication management, and mobilization of family support and community resources for effective transitions of care*
- State will have a RAC to establish PES definition
- State will use same RAC - OHA will exempt mental health psychiatric emergency services from standard physical health acute bed admission rule OAR 410-125-0360.

Transitions of Care Strategy

- Transitions of Care Cabinet



Transitions of Care Strategy

- ToC Cabinet composed of funding sources (CCOs and Local Mental Health Authority) and other influential members of the treatment community
- ToC Cabinet to review recommendations and create consensus on top priorities that involve community based programs, counties and CCOs, and recommend next steps
- Unity leadership to review recommendations under Unity's responsibility and initiate work streams related to internal process improvement

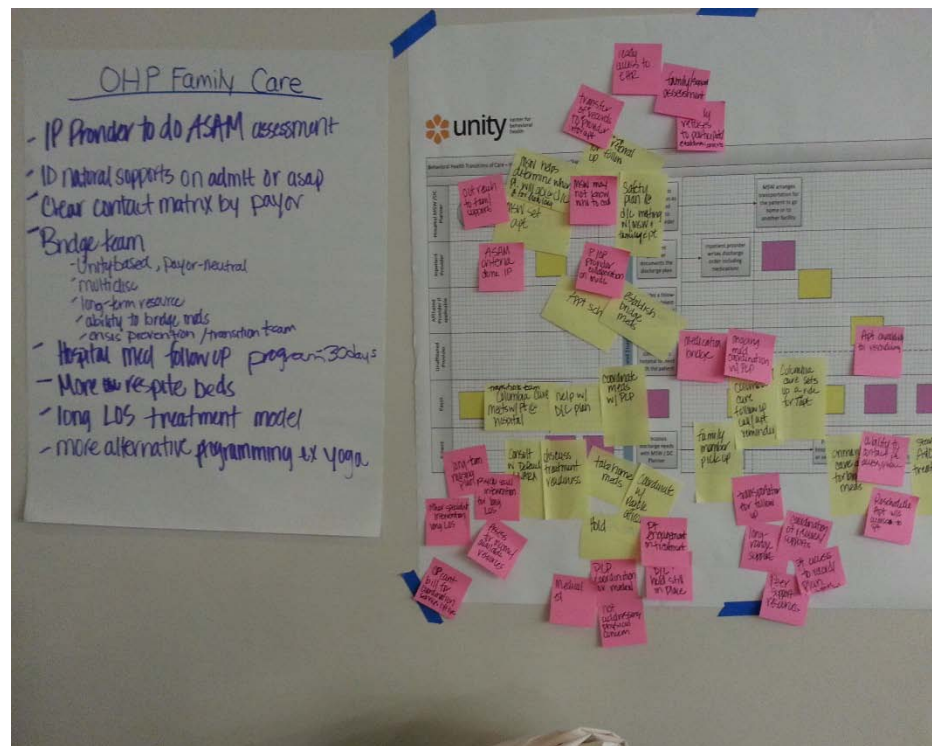
Adolescent Mini Kaizen





Kaizen Strategy

- Use of Lean methodology
- Each group brainstormed current state, defects and brainstormed countermeasures
- Separated groups by types of payers that determine resources available



6) Prioritize Countermeasures Using PICK Chart

7) Identify Recommendations & Work Streams to be Reported to the ToC Cabinet



High Level Recommendations

Adolescents

- **Standard Discharge Check List for Unity**
- **Post discharge follow up calls from Unity social workers**
- **Coordination with OP community based providers while patient still in care (warm hand off)**
- **Regional Centralized Bed Management for sub-acute and residential placement**
- **Peer family supports available to families upon discharge**
- **PES for kids**

Adult ToC Mini Kaizen









unity

Positions of Care Kaizen Agenda -

for the Day

it Process

Patient Profiles

Current Gaps

Kristin G.



High Level Recommendations

- **Standard Discharge Checklist at Unity**
- **Information Exchange Enhancement (EpicCare Link)**
- **Better Outpatient and Inpatient coordination – OP provider to come to inpatient hospital to do assessment**
- **Bridge teams**
 - a. Unity based peer team, crisis prevention
 - b. Peer bridges incorporated in the current transition teams (such as HSO Intensive Transition Team, Family Care Columbia Care and Lifeworks Northwest Rapid Response) for 30 days
 - c. Co-location with peer run organization at Unity such as Folktime, NAMI (for families) and MHAO
- **Housing – transitional housing and shelter**
- **Unity providers able to provide initial post discharge appointment**

Thank You