

No Wrong Door: The Future of Behavioral Health at Providence

Robin Henderson, PsyD
Chief Executive, Behavioral Health

The Leadership Institute
April 7, 2017



Incredibly JOY

People start to
heal the moment
they feel heard.

- Cheryl Richardson



Trying to implement trauma-specific clinical practices without first implementing trauma-informed organizational culture change is like throwing seeds on dry land.

- Sandra Bloom, MD,
creator of the Sanctuary Model

Tremendous Need

1 in 4 people in America suffer with a mental illness at any given time.

70% of youth in juvenile justice systems have at least one mental health condition

Depression is the **leading cause of disability** worldwide.

About **10.2 million adults** have co-occurring mental health and addiction disorders.

26% of homeless adults live with serious mental illness. If substance abuse is also considered, this climbs to **46%**.

The number of Americans who report **having no one to turn to in times of crisis tripled** between 1985 and 2004.

Individuals living with serious mental illness face an **increased risk of having chronic medical conditions**.



50.6% of children aged 8-15 received mental health services in the previous year.

22 veterans die by suicide each day.

90% of those who die by suicide have an **underlying mental illness**.

50% of all chronic mental illness begins by the **age of 14**.

57% of adults without mental illness symptoms believe people are caring and sympathetic to it. **Only 25% of adults with mental illness agree**.

Suicide is the 10th leading cause of death in the U.S., and the **2nd leading cause of death for people aged 15-24**.

60% of adults with mental illness did not receive mental services in the past year.

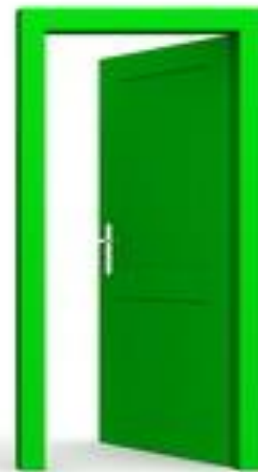
Three Doors Vision



Primary Care



Emergency
Department



Acute Medical
Floors

Institute for Mental Health and Wellness



- * New independent national foundation
- * Focus: advancing mental, social and spiritual wellbeing in the US
- * \$100M seed endowment from Providence St. Joseph Health
- * A platform for partnership: practices, policies, investment
- * Guided by a national advisory council



Our Purpose (areas of focus)



Engage | Catalyze | Discover | Invest | Advocate

AIM

Grounded in our mission, we will embrace whole person health, with all doors open to our customers. We will focus on prevention and early intervention with Providence Health Plan as a fully integrated health plan across all lines of service.

PRIMARY DRIVERS

Ease Access

Build Resilience

Ease Suffering

Decrease
Addiction

Create Hope

Healthy
Communities

SECONDARY DRIVERS

80% of BH Conditions addressed by Primary Care

X% of business in Alternative Payment Models

24/7 Centralized Intake/Referral Team

State-wide Leader in Child/Adolescent BH Services

Strengthen Acute BH Care Continuum

Strengthen Outpatient BH Care Continuum

Strengthen Acute BH Care Continuum

Strengthen Outpatient BH Care Continuum

Trauma Informed Care in All Ministries

Advocacy

Community Partnerships

PRIMARY DRIVER

SECONDARY DRIVERS

TACTICS

Ease Access

80% of BH needs met in Primary Care

X% Alternative Payment Methodology

24/7 Intake/Referral

BHP Standardization and Optimization

Psychologist Prescribing Privileges

Development of Care Pathways

BH in ED Standardization and Optimization

Collaborative Engagement Team (CET)

Behavioral Health Integration Team (BHIT)

Pilots to take risk for PHP BH Lives

PCPCH Finance Pilots (SB 231, CPC+)

Develop Access & Triage Service

PRIMARY DRIVER

SECONDARY DRIVER

TACTICS

Build Resilience

State-wide
Leader in Child/
Adolescent BH
Services

Partnership with Trillium Family Services

24/7 State-wide Intake/Referral

PSV Pilot with Youth Villages

Psychiatric Emergency Service at PWF

CAPU Reorganization

Development of Opx continuum of care
including Partial

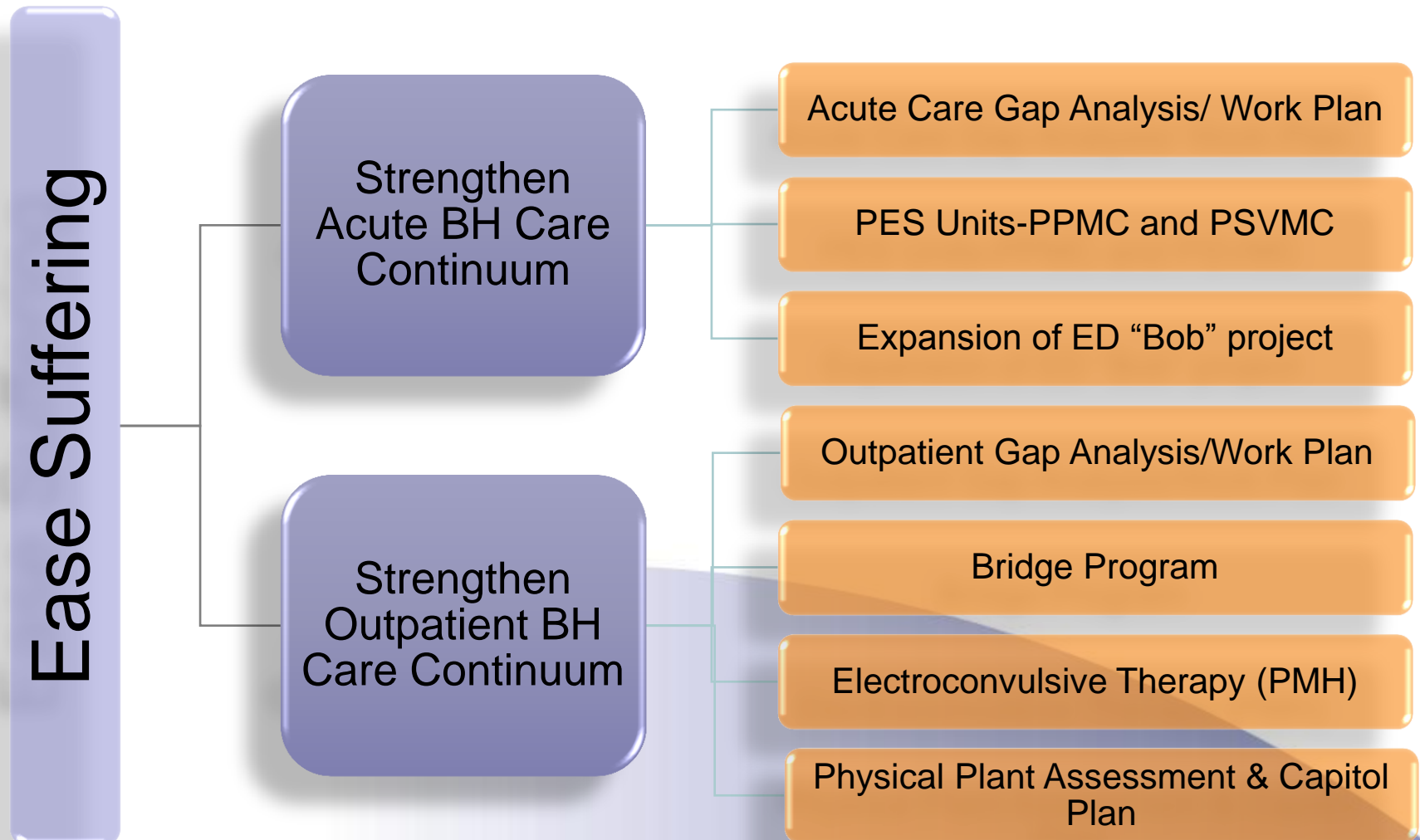
Integrated pediatric psychiatry at SW Peds

Perinatal BH development

PRIMARY DRIVER

SECONDARY DRIVERS

TACTICS



PRIMARY DRIVER

SECONDARY DRIVERS

TACTICS

Decrease Addiction

Strengthen Acute BH
Care Continuum

Strengthen Outpatient
BH Care Continuum

Acute Detox Model
Change

Gap Analysis & Work
Plan

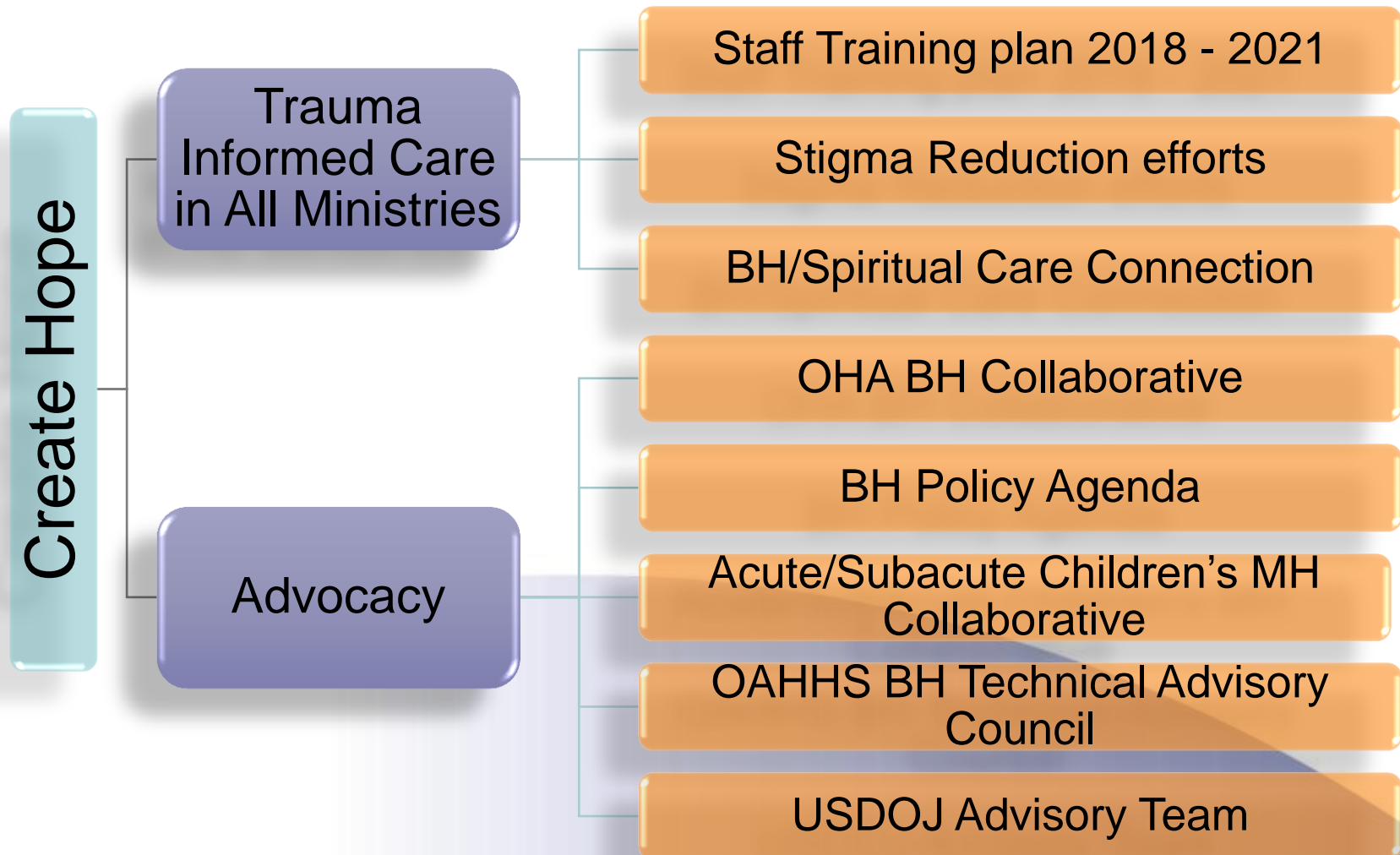
Medication Assisted
Treatment

Opiate/Pain
Management Program

PRIMARY DRIVER

SECONDARY DRIVERS

TACTICS



PRIMARY DRIVER

SECONDARY DRIVER

TACTICS

Healthy Communities

Community
Partnerships

Cascadia Garlington
Center

Gladstone School
District pilot

EDIE/OHLC
Collaborative

Cascadia PreManage
pilot

Unity Transitional
Advisory Council

Outcomes

PRIMARY DRIVERS	STRATEGIC PLAN GOALS (SECONDARY DRIVERS)	GOAL DOMAIN	METRIC	MEASUREMENT	2016 BASELINE	TARGET
Better Access	80% OF CONDITIONS ADDRESSED BY PRIMARY CARE	Access	Access to integrated physical and behavioral health care in Primary Care	% of unique PMG patients (per 1 FTE) who have seen a BHP provider (Reach)	6.9%	
Ease Suffering	STRENGTHEN ACUTE BEHAVIORAL HEALTH CARE CONTINUUM	Revenue	Denial of Payment for IP services	% of IP Psych encounters (or days) that have been denied payment by the payor at all 4 Oregon IP Psych Units.		
		Access	Proactive Psychiatric Consultation Penetration Rate	% of patients receiving BHIT consult services on acute medical units	N/A	
Ease Suffering	STRENGTHEN OUTPATIENT BEHAVIORAL HEALTH CARE CONTINUUM	Access	Access to Medication Assisted Treatment for Opioid Dependence	% of individuals with opioid dependence accessing Medication Assisted Treatment within Providence	N/A	
			Access to Mental Health Services	3rd Next Available for PMG Psych Clinics		
Better Access	ALTERNATIVE PAYMENT	Access	Collaborative Engagement Team (CET)	% of patients engaged in CET model in target population	N/A	
Build Resilience	STATEWIDE LEADER IN CHILD & ADOLESCENT BEHAVIORAL HEALTH SERVICES	Quality	Pediatric Behavioral Health-related Emergency Department Boarding Time	Median Boarding time (minutes) at all Oregon Region Emergency Departments for pediatric patients being seen for BH-related concerns		
Better Access	24/7 CENTRALIZED INTAKE & REFERRAL TEAM	Access	Access to BH Treatment Services	% of initial appointments attended	N/A	
Healthy Communities	COMMUNITY PARTNERSHIPS	Quality	Adult Behavioral Health-related Emergency Department Boarding Time	Median Boarding time (minutes) at all Oregon Region Emergency Departments for adult patients being seen for BH-related concerns		

“Priority-wise, housing is absolutely the top. Especially for high utilizers, they have medical needs for a safe, dry, regimented environment. I am absolutely confident that every community worker that currently or has worked in this position would agree.”

Ron Abrams



The Future of Providence St Joseph's



All doors will be open
to our patients

- No wrong door for care

Fiscal model supports
integrated care

- Fully integrated health plan

Create healthy
communities together

- Partnerships with our communities

Resources for more information:

The Sanctuary Model: www.sanctuaryweb.com

Keep Oregon Well:

www.trilliumfamily.org/advocacy/allytoolkit/

Providence: www.providence.org

Robin Henderson, PsyD

Chief Executive, Behavioral Health

Robin.Henderson@Providence.org

503.893.6666