

# No Wrong Door: The Future of Behavioral Health at Providence

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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 10<sup>th</sup> leading cause of death in the U.S., and the **2<sup>nd</sup> leading cause of death for people aged 15-24**.

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

## Problem Statement & BHAG

- Depression is the leading cause of disability worldwide, and mental health and substance use has become the most pressing health crisis in the US.
- 39% of admissions are either for, or co-morbid with mental health and/or substance use.
- Mental health issues drive \$400B in direct cost of care and loss of productivity to our economy and society.
- Mental Health affects all of us – we are all either directly impacted or one degree away.

## Problem Statement:

Mental health and wellness is the most pressing health crisis in the nation -- touching every one of us either directly or indirectly, with an annual cost to our economy and society of over \$400B annually.

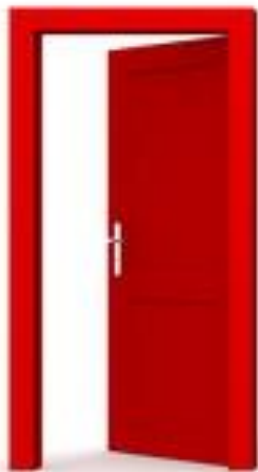


### BHAG (Big, Hairy, Audacious Goal):

All people have the opportunity to realize their fullest potential for wellbeing...

...significantly reducing the personal, familial, social, and economic costs of mental illness and substance abuse.

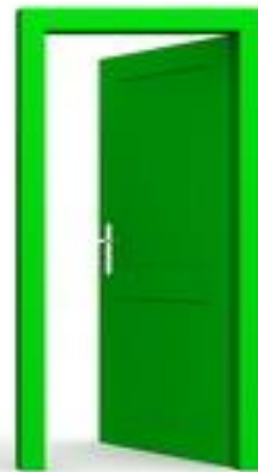
# Three Doors Vision



Primary Care

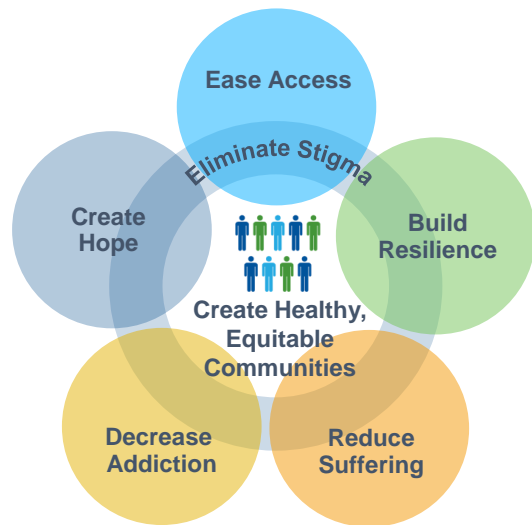


Emergency  
Department



Acute Medical  
Floors

## Focus: Our Purpose / Goal Areas



To further our Mission and achieve our Vision, we will focus on the following goals:

- **Ease access to care** and to the determinants of wellbeing
- **Build resilience** in children, teens and families
- **Reduce suffering** from depression, anxiety and social isolation
- **Decrease addiction** and substance use, while promoting recovery
- **Create hope** for people and families living with serious and persistent mental illness
- **Eliminate stigma** everywhere, and grow a culture of wellbeing in **healthy, equitable, resilient communities**

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

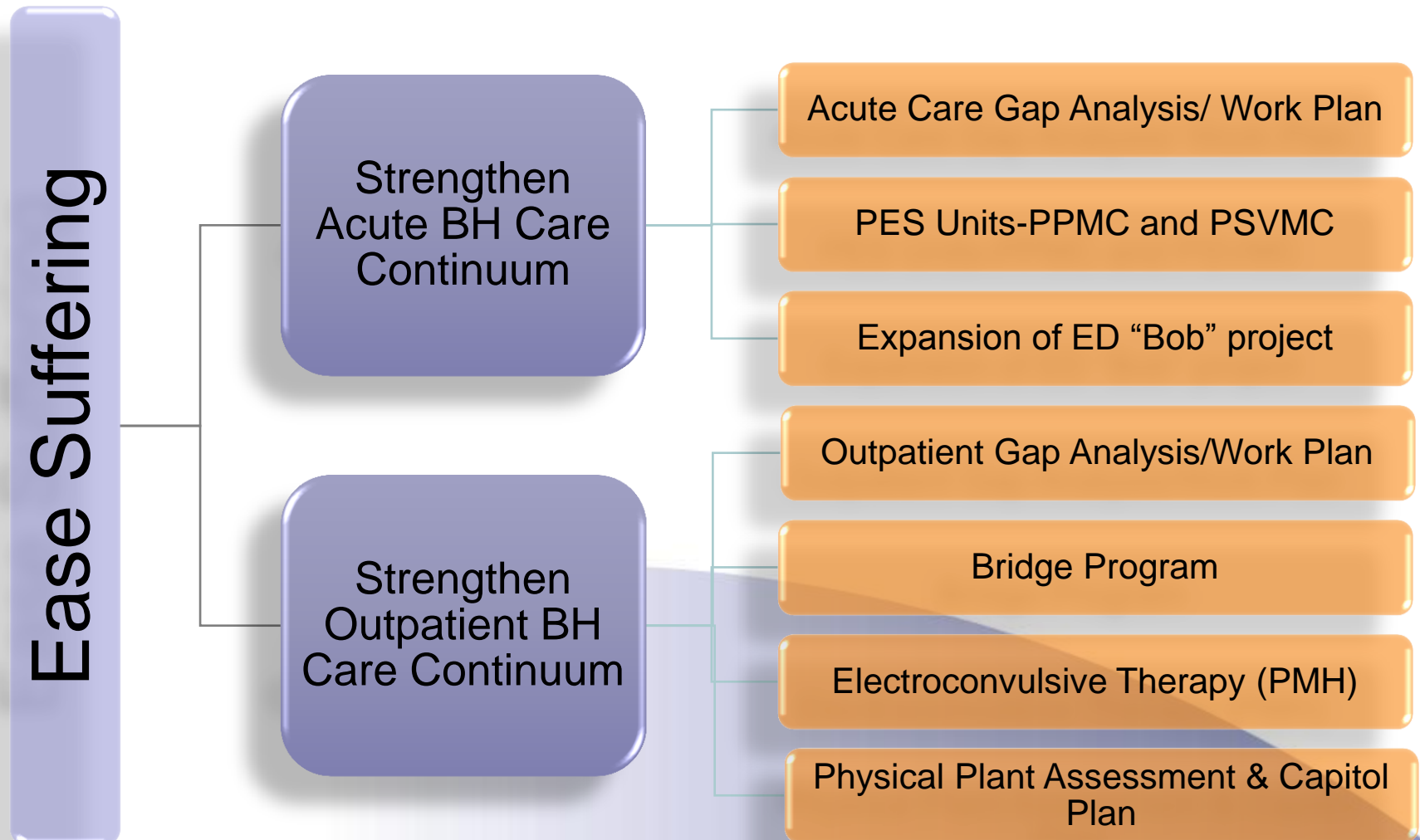
Integrated pediatric psychiatry at SW Peds

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

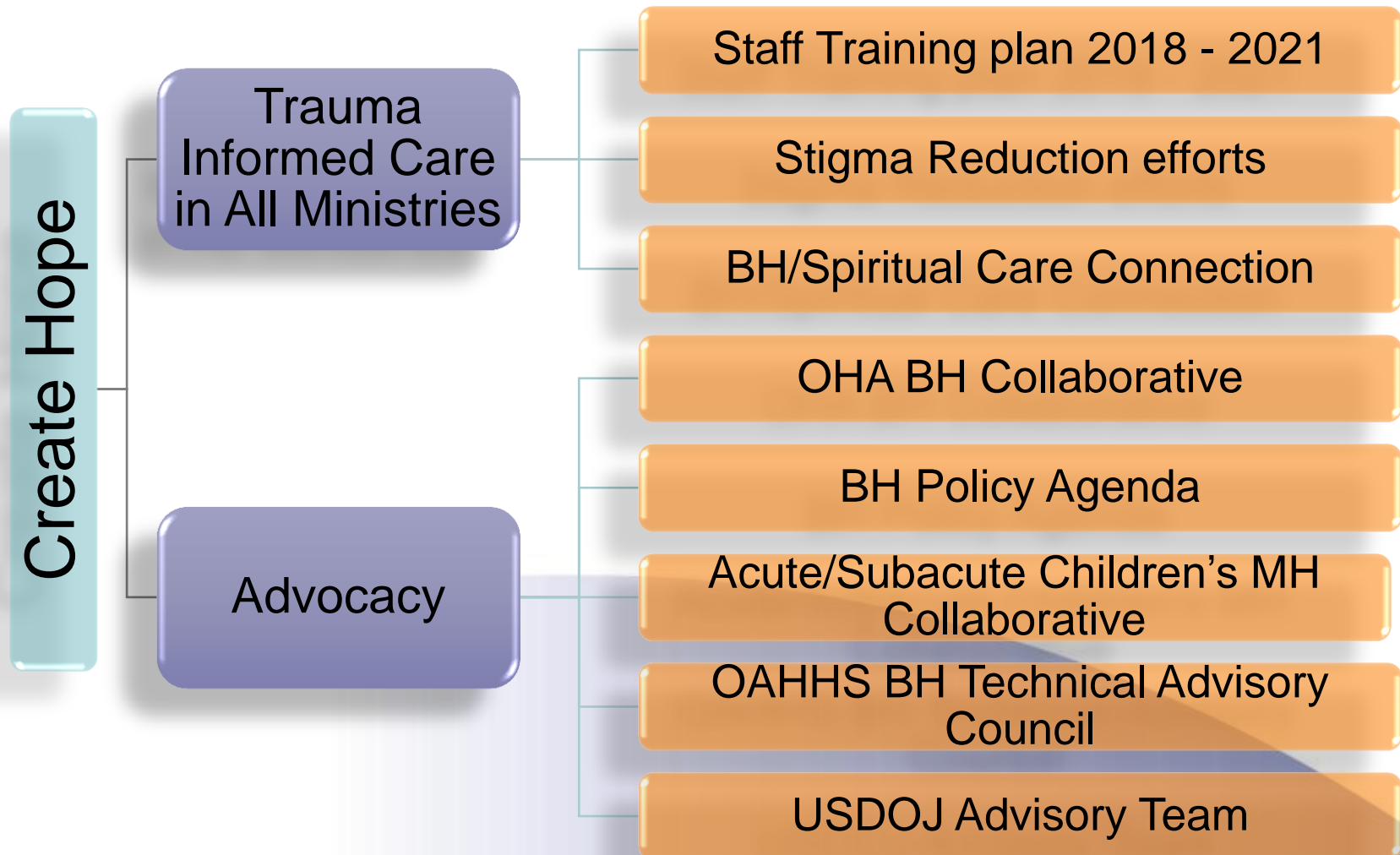
Medication Assisted  
Treatment

Opiate/Pain  
Management Program

## PRIMARY DRIVER

## SECONDARY DRIVERS

## TACTICS



MESSAGE

IRL

CONVERSATIONS

VALVES

RESOURCES

PEER

People

SOCIAL

**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

2017 Providence Health &amp; Services (Oregon Region) Behavioral Health Strategic Plan Table Dashboard

PLAN GOALS (Y DRIVERS)	METRIC	MEASUREMENT	MEASUREMENT PERIOD	BASELINE	TARGET	JAN '17	FEB '17	MAR '17	APR '17	Goal Progress	
										Year To Date (YTD)	Mo
CONDITIONS BY PRIMARY CARE	Access to integrated physical and behavioral health care in Primary Care	% of unique PMG patients who have seen a BHP provider	Rolling 12 months	4.86%	7.5%		4.86%	4.83%	4.83%	4.83%	
CO-PAID PAYMENT	Collaborative Engagement Team (CET)	% of PMG patients receiving psychiatric consultations within the PMG CET Clinics	Monthly	N/A	Project in Planning						
INPATIENT INTAKE & TREATMENT TEAM	Access to IP Behavioral Health Treatment	Inpatient Psychiatric Bed Occupancy Rate	Monthly	85.2%	96%	81.8%	88.1%	84.2%	85.9%	84.5%	
INPATIENT IN CHILD TREATMENT SERVICES	Pediatric Emergency Department Behavioral Health Length of Stay	Median Length of Stay (minutes) at all Oregon Region Emergency Departments for pediatric patients being seen for BH-related concerns	Monthly	288	280	325	311	293	303	307	
INPATIENT ACUTE HEALTH CARE NUM	Denial of Payment for Inpatient Psychiatric Services	Controllable Write Off Amount for Inpatient Psych Encounters at Oregon Inpatient Psychiatric Psych Units	YTD	\$ (2,836,226.41)	30% Reduction: \$ (2,064,668)	\$ (206,208.86)	\$ (98,277.88)	\$ (54,872.00)	\$ -	\$ (368,468.83)	
OUTPATIENT HEALTH CARE NUM	Access to Medication Assisted Treatment for Opioid Use Disorder	% of Oregon Region patients with an Opioid Use Disorder Diagnosis that are accessing Medication Assisted Treatment (MAT) within Providence	Rolling 12 months	4.14%	6.14%	4.22%	4.31%	4.50%	4.68%	4.68%	
	Access to Mental Health Services	Length of Time (days) from Date of PMG Psychiatric Clinic Referral Initiation to Date of 1st appointment in Psych Clinic	Monthly	38.87	35 Days	36.38	34.73	28.77		32.81	

PLAN GOALS (Y DRIVERS)	Task	Start	End	PROJECT UPDATE
PARTNERSHIPS	Cascade Garlington Center	August 2016	June 2018	Construction on the clinic began this month. We are refining the financial models for both the primary care and lab services and developing integrated operational plan. The clinic is on track to open, as planned, end of Q1 2018.
	ACHUWU Learning Collaborative	April 2016	April 2018	Any projects with Gladstone school district are on hold. Project to be revisited once things die down in Salem and NAMI can re-engage.
OAC	BH Policy Agenda	Ongoing	Ongoing	Most bills are currently in Ways and Means. They will be coming out soon and we are tracking.
	Psychologist prescribing	January 2017	July 2017	SB in Ways and Means. Not expected out until June.
	USDOJ Advisory Team	January 2017	December 2020	Team continues to discuss measurement of metrics. As with any government lead project, it is slow and confusing.
FORMED CARE IN INDUSTRIES	ED staff training plan	TBD	TBD	IRI contract was approved, and we have a meeting with IRI in the coming weeks. Defining system representation for the initiative. Meet with regional CEOs in June in Portland.
	Stigma reduction efforts	TBD	TBD	BMFW design event was very successful. Would like to reorient the Oregon work to align with the proposed work in California in the schools. Targeting two schools to do MH First Aid training through BMFW grant then follow for a year.
	BH/Spiritual Care connection	TBD	TBD	Meeting with John Sturm June 5th to discuss.



“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](http://www.sanctuaryweb.com)

Keep Oregon Well:

[www.trilliumfamily.org/advocacy/allytoolkit/](http://www.trilliumfamily.org/advocacy/allytoolkit/)

Providence: [www.providence.org](http://www.providence.org)

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