

Innovations in Integrated Mental Health and Addiction Care

The Leadership Institute | November 4, 2022

Mental Health and Addiction CSL

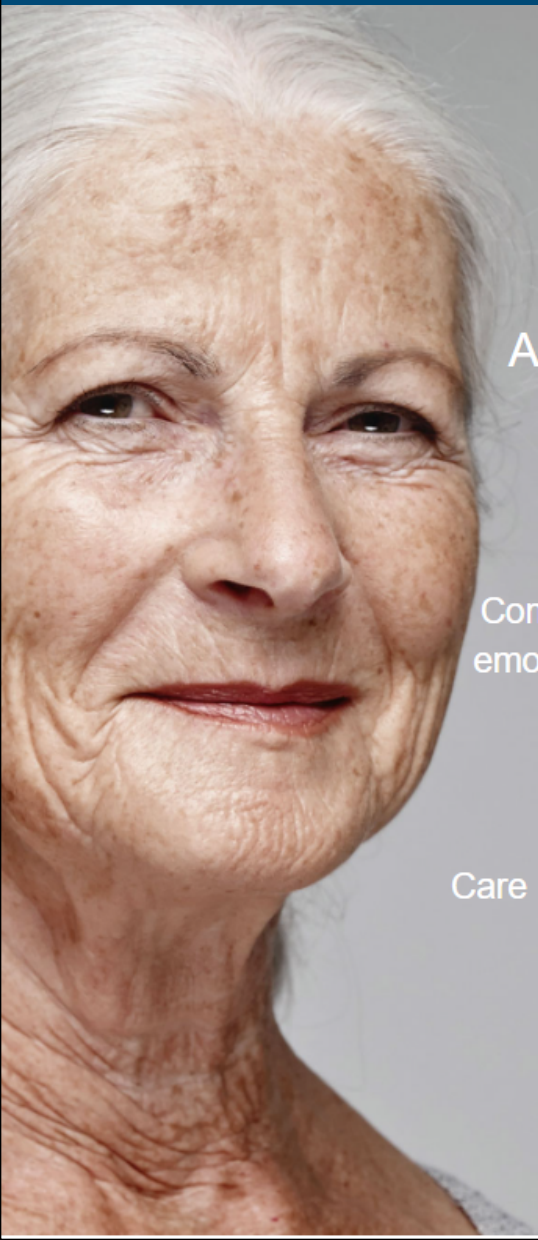
Agenda

- Staff safety and patient agitation
- Expanding upstream therapy access and integration of a digital platform
- Suicide-focused ED crisis care to drive value
- Social determinants through care delivery and community partnerships

Overview

- 11 hospitals and 90+ clinics
 - primary care, urgent care, hospital-based clinics
- 52 rehabilitation locations, 15 retail pharmacies, 2 ambulatory care centers
- Specialty medical services including hospice, home hospital program, and emergency medical services





Whole Person Care

An approach that recognizes all factors impacting health are connected—mind, body, spirit and community.

Mind

Compassionate support of mental and emotional well-being is integral to good health.

Spirit

Care must be supportive of an individual's beliefs and values.



Body

Care often begins with a focus on maintaining or improving the body's physical health.

Community

Strong relationships are vital to living the best possible life.

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Overview

- 250 staffed inpatient beds across 7 hospitals – lifespan, inpatient addiction
- 450 PHP / DT chairs
- 5 hospital-based clinics
- 45 primary care clinics
- 12 ED's 24/7
- Medical/surgical units

- Fully employed providers, unusually strong leadership commitment to MHA as part of Allina's Whole Person Care mission

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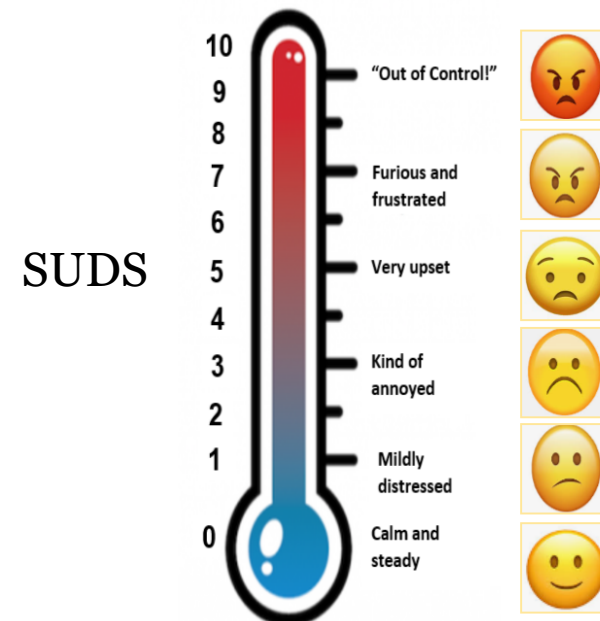
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Agitation Protocol for Adult Inpatient Mental Health Units

Best practices in Evaluation and Treatment of Agitation (BETA)

- Developed for ED use and modified for adult inpatient mental health
- Every patient, every shift, we assess:
 - Observable agitation (Behavioral Activity Rating Scale, BARS)
 - Reported distress (Subjective Units of Distress, SUDS)

BARS	
1	Difficult or unable to rouse
2	Asleep but responds normally to verbal or physical contact
3	Drowsy, appears sedated
4	Quiet and awake (normal level of activity)
5	Signs of overt (physical or verbal) activity, calms down with instructions
6	Extremely or continuously active
7	Violent, out of control



Agitation Protocol for Adult Inpatient Mental Health Units

System-wide staff training to intervene

- **If BARS or SUDS elevated:**
 - Validate (system-wide education on specific validation skills)
 - Generate hope
 - Offer something useful (a walk, a glass of water, a medication per protocol)
 - Coordinated with system pharmacy for patient-specific medication options ordered for each elevated BARS/SUDS level (i.e., BARS 5, 6, and 7)
- **Re-assess after 1 hour and repeat interventions until BARS and SUDS are normal, then assess every shift.**

Engagement is Foundational

The patient knows they have your attention and you are actively involved

- Not one and done, over and over again
- Commitment to active partnership
- Begins with validation – finding out how the reaction experience makes sense, and it must make sense!
 - Validation is NOT insisting your perception of what the patient experiences, “liking” what is valid for the patient, simply agreeing when something is not valid, praising/platitudes....
- Central to all verbal de-escalation strategies

Quiz

1) A patient was just brought in and looks anxious: “The police are spying on me.”

- A. “Why would they do that? Don’t worry, the police aren’t spying on you. They only brought you to the ED because someone called them about you.”
- B. “That must be scary. No wonder you got scared and tried to run when they showed up.”

2) A patient, tears streaming, shouts “You don’t understand!”

- A. Put out Kleenex, hand a cold wash cloth, “I’m trying to understand. Please help me.”
- B. Ok, okay. Just calm down. Take some deep breaths. DEEP BREATH!

Outcomes – Staff Safety – Adult Inpatient MH Units

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Serious staff injuries was primary outcome measure

2019 (baseline): 9.1
per month

2020: 5.6 per month

2021: 4.7 per month

2022: 1.5 per month
(two months)

Additional / Next Steps

Spread through system

- **Modifications to protocol for child/adolescent and for geriatric MH**
 - Finishing system-wide spread to these MH units by end of Q4 2022
- **Protocol deployed throughout emergency departments**
- **Developing training on skills for engagement and de-escalation in medical/surgical environments**

References

BETA protocol

Knox, D. K., & Holloman Jr, G. H. (2012, February). Use and avoidance of seclusion and restraint: Consensus Statement of the American Association for Emergency Psychiatry Project BETA Seclusion and Restraint Workgroup. *Western Journal of Emergency Medicine*, XIII(1), 35-40. <http://dx.doi.org/10.5811/westjem.2011.9.6867>

Nordstrom, K., Zun, L. S., & Wilson, M. P. (2012, February). Medical evaluation and triage of the agitated patient: Consensus Statement of the American Association for Emergency Psychiatry Project BETA Medical Evaluation Workgroup. *Western Journal of Emergency Medicine*, XIII(1), 3-10. <http://dx.doi.org/10.5811/westjem.2011.9.6863>

Verbal De-escalation

S. A., Simpson, S. A., Rylander, M., Seefeldt, T., & Monroe, C. (2017, November 17). *Verbal de-escalation of the agitated patient. Chapter 3: More practice with verbal de-escalation* [Video file]. Retrieved from <https://www.youtube.com/watch?v=xonVIjwpTRU>

Zeller, S. (2015, July 6). *Understanding Agitation: De-escalation* [Video file]. Retrieved from <https://www.youtube.com/watch?v=6B9Kqg6jFel>

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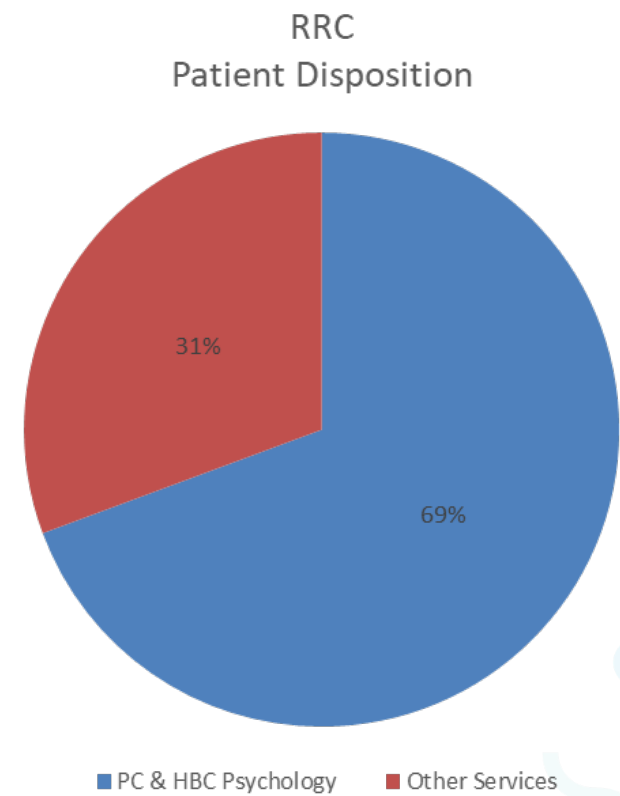
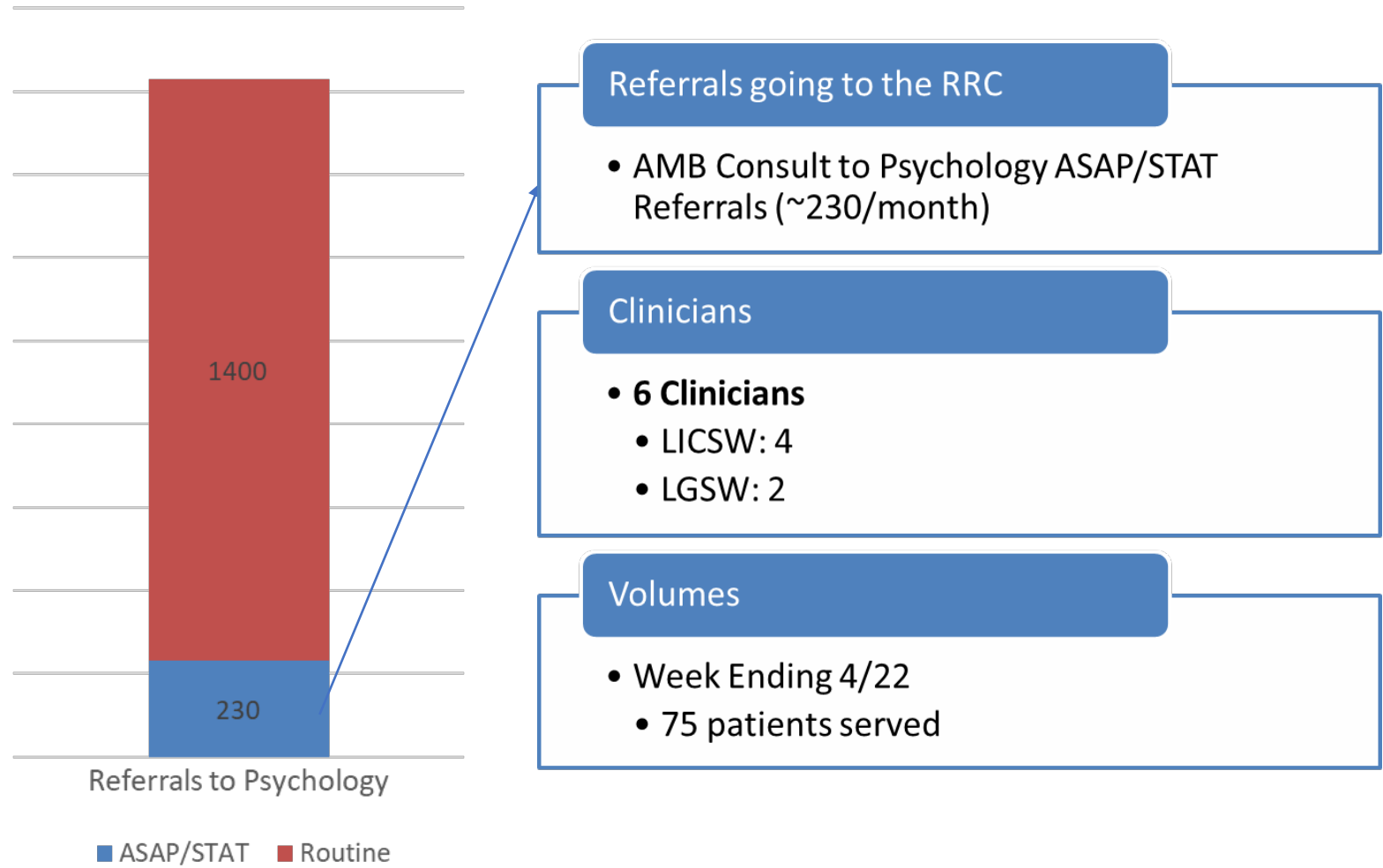
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Upstream access

Primary care integration

- Central role of social work (“Mental Health Consultant”)
 - 40 master’s prepared social workers
- Integrated and co-located psychiatry and psychology
 - 15 psychiatrists and NP’s, 80 doctoral level psychologists
- Developing integrated LADC team
- Core struggle: ***Demand exceeds capacity***

Outpatient Access



31% scheduled into other services within the MH&A CSL or connected with community resources

Digital CBT

- Prescribed (only) by primary care
- Require coaching as part of use
- Carved out wellness (non-clinical) modules; widely available
- Line of sight to progress; able to de-activate use if not engaging or improving and connect to higher level of care.
- Now live throughout the entirety of primary care in MN

Learnings

- Surprisingly successful for those that complete
- 41% activate the account and ~50% of those will complete
- For the right patient, drives considerable value

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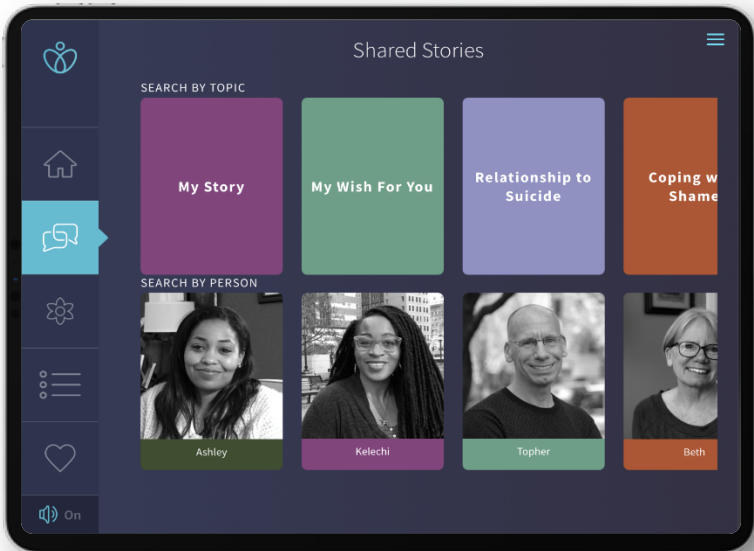
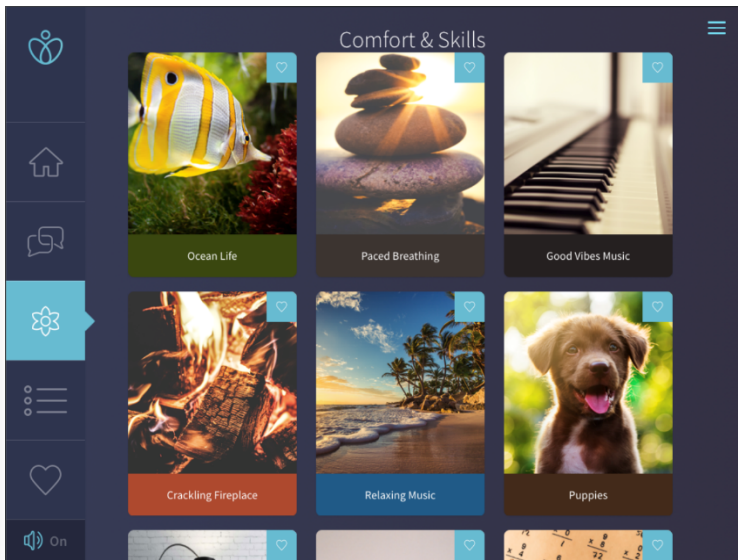
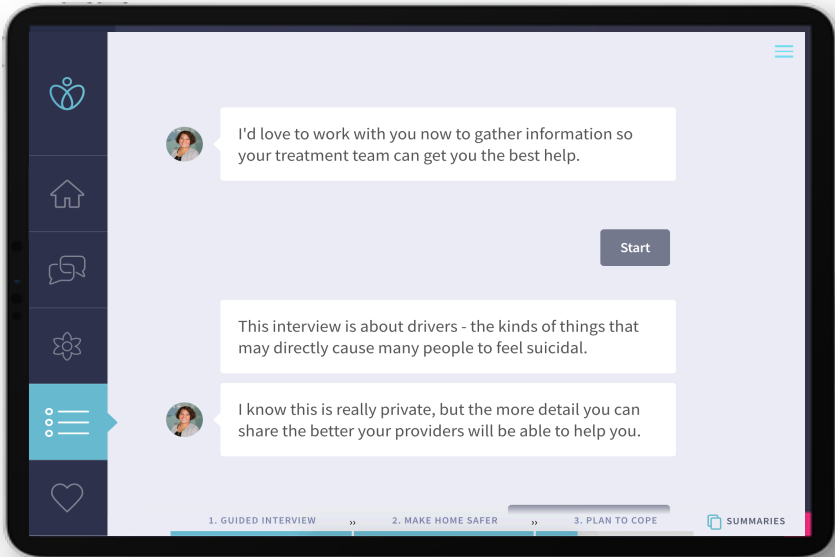
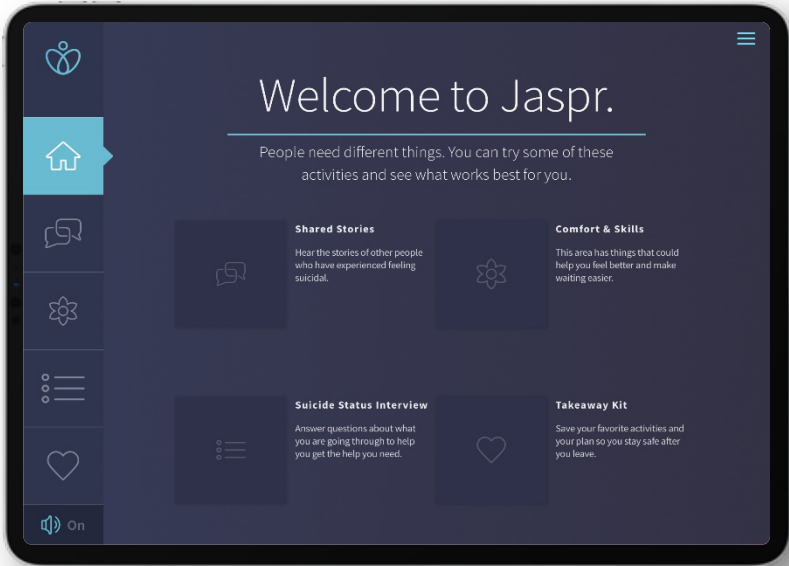
Suicidal crises drive high-cost, low-value care

- 14.5M annual emergency visits (Allina has 22,000)
- LOS is 4X longer than medical, loss of \$2264 per patient
- Regulatory requirement (and good care) require suicide assessment
 - But that frequently drives hospitalization
- Limited evidence of the benefit of hospitalization for reducing completed suicide
 - Rapid improvement is not sustained; little that happens targets the suicidal process
 - Lifetime suicide risk is highest in first week after hospitalization
 - Meds tend to increase

But moving away from “in or out” requires considerable workforce development

- Advanced skills to engage with suicidal people
- Shift in mindset away from seeing suicide as a symptom of another illness

Clinical innovation for suicide-specific care (Jaspr)



Summaries

Care Planning Report

JASPR HEALTH

JASPR CARE PLANNING REPORT

Jaspr ID: WW2020
Start Time: 20200220 16:08
Last Modified: 20200401 10:43

INITIAL SELF REPORTED RISK
Risk level category assigned based on highest level category endorsed on any row.

Low	Moderate	High
0-2 No current attempt No suicide plan or intent	3-4 No current attempt Suicide plan or intent	5-6 Current attempt Suicide plan and intent

SELF REPORT SUICIDE STATUS INTERVIEW KEY FINDINGS

Access to Means YES
Describe: "Guns - I have a gun in my nightstand drawer and a couple of rifles in my bedroom closet."

History Attempts (0, 1, 2+): 0
Describe: [-]

History Substance Abuse: YES
Describe: "I've started drinking a lot more recently"

History Insomnia YES
Describe: "It is hard for me to fall asleep. And that started three months ago."

Suicide Index Score Group

WISH TO LIVE | +2 | +1 | 0 | -1 | -2 | WISH TO DIE

When wish to live is stronger than wish to die, risk for suicide may be lowered with better response to short term suicide specific treatment.

Self-Reported Overall Risk of Suicide

WILL NOT HURT SELF | 1 | 2 | 3 | 4 | 5 | WILL HURT SELF

Higher scores indicate higher acute suicidality and longer treatment response moderated by self-hate and hopelessness.¹

SSI Core Assessment

RANK	Item	Score
1	Hopelessness "Being able to be ok with the way things will be from now on"	5/5
	Psychological Pain "Not being able to see my kids because I'm a failure."	4/5
	Agitation "When I'm drinking"	3/5
	Stress "Dealing with my ex-wife and her new life"	3/5
5	Self-hate "I didn't do anything wrong"	1/5

High hopelessness, self-hate, and overall risk suggest chronic suicidality. High agitation, and stress suggests acute suicidality.²

Reasons for Living

RANK	Item
1	"I want to be there for my kids"
	"My family"
3	"My dog needs me"

Early learnings

- Shift in mindset is not a simple process – active treatment of a suicidal crisis is not only possible, it's essential.
- For appropriate patients, considerable benefit
 - Measurable decreases in agitation, engagement with evidence-based interventions (lethal means counseling, stability planning), very highly recommended by patients

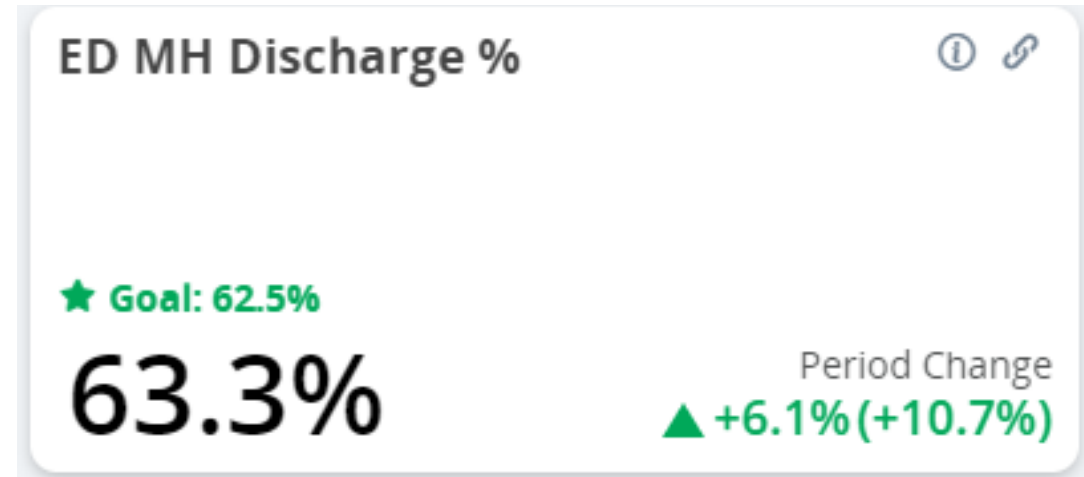
ED discharge tactics

- Added 1.5 FTE of psychiatry and 1.0 FTE of child and adolescent psychiatry, more in progress (filling 4)
- Safety planning training – stably at goal of 75%
- Added social worker to help with petitions
- PHP connect, addiction connect – clinicians to support access
- Substantial (30%) PHP/DT/IOP growth in 2021, additional 15% in 2022
- Urgent psychiatry and psychology HBC appointments

Clinical goal: Stabilize in the ED and discharge to lower LOC

ED discharge percent

- Baseline
 - 2019: 55%
 - 2020: 57.7%
 - 2021: 59.3%
- 2022: Goal 62.5%



References

1. [Agency for Healthcare Research and Quality: Trends in Emergency Department Visits](#)
2. [Joint Commission Perspectives, December 2018. Approved: Revisions to National Patient Safety Goal Regarding Suicide Prevention](#)
3. [Suicide Risk and Prevention during the COVID-19 Pandemic](#)
4. [Prescribing Practices for Patients With Borderline Personality Disorder During Psychiatric Hospitalizations](#)
5. [Longitudinal Suicide Ideation Trajectories in a Clinical Trial of Brief CBT for U.S. Military Personnel Recently Discharged from Psychiatric Hospitalization](#)

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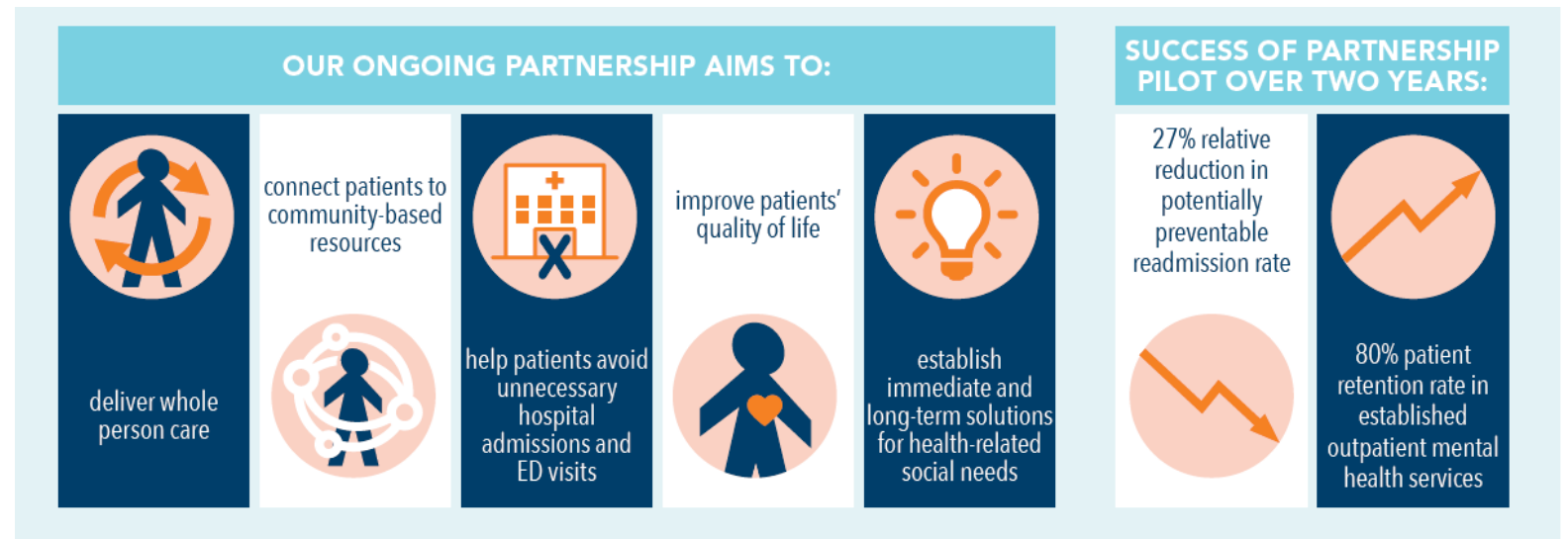
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Community partnerships

Minnesota Health Care Network (MHCN – “Mission”)

Partnership with 3 agencies:

- Avivo (Addiction, Employment), Mental Health Resources (CM, home visits), Canvas (CM, clinic care)
- Case finding through care guides – hospital and ED, expanding
- Operates through Medicaid IHP (Allina attributed) – we pay PMPM



Community partnerships

Minnesota Health Care Network (MHCN – “Mission”)

High Level ROI Review:

TCOC Savings (per participant):

- ✓ TCOC reduction: **\$4,047**
- ✓ *Comparing enrolled vs declined; 3 months prior to 3 months after*

Average Costs (per participant per month):

MCHN Invoice: \$706 per participant

Fixed: \$149 per participant

Variable: \$557 per participant

Allina Care Guides (2): \$157

- ✓ Total Costs: **\$863**



“I finally felt hope again because I was surrounded by an entire team of people who cared about me and my recovery.”

— Allina Health/MCHN Client

Community partnerships

Washburn Children's Services – Washburn/Allina Acute Response Model (WAARM)

- Covers the costs of 3 Washburn social workers based in Allina EDs (true up quarterly)
- Provides in-home services to meet the needs of families in crisis, goal is to set up program/plan in ~5 home visits
 - Currently meets people in ED or inpatient unit, recent addition of primary care clinics goal to integrate further upstream
- Maintains continuous access for services regardless of insurance
- Serves ~300 families per year

Center for Integrated MHA Care

North Metro \$25M Campaign – New Center

All Allina ambulatory MH services, all levels of care, lifespan

Peer recovery

County food and economic assistance

Food shelf

County crisis services

Community partnerships

Roundtables

- East Metro, North Metro, South Metro



Law Enforcement Partnerships

- Pilot program with Blaine PD LICSW support
- Various policy liaison meetings and workgroups

Community partnerships

Change to Chill

- 60 schools, with 23 new schools in 2021-2022 school year
- Scalable approach to enhance coping strategies for youth in an unprecedented time



Community partnerships

Anoka / Hennepin School Partnership

- Supports teacher wellbeing and contributes to a school culture that enhances mental health and addiction support.
- 39 podcasts recorded by our psychologists
- [Ahschools.us/supportingyou](https://ahschools.us/supportingyou)



Questions and Discussion

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