



Complete Solutions for Healthcare Management

The Why of Behavioral Healthcare

Liz Stallings, RN, BSN: Behavioral Health Consultant

July 16, 2015 | 1:00-2:30 PT



DISTRICT HOSPITAL LEADERSHIP FORUM



Today's Agenda

- Introductions
- The Why of Behavioral Healthcare - Liz Stallings
- Legal Requirements and Regulations - Steve Lipton
- DSRIP Incentives to Transform Care for High Utilizers

Introductions

Sherreta Lane,
VP Finance Policy

District Hospital Leadership Forum



DISTRICT HOSPITAL LEADERSHIP FORUM



Introductions

Liz Stallings RN, BSN

Director Behavioral Health
Services, HFS Consultants



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Goals of the Learning Collaborative

- Increase understanding of DSRIP program available to District Hospitals
- Increase understanding of clinical issues surrounding behavioral health patient care
- Encourage collaboration and dissemination of ideas and best practices
- Educate participants as to issues affecting Behavioral Health planning for DSRIP

Objectives

At the completion of the BH learning collaborative (3 sessions) participants will:

- Identify at least one viable clinical initiative to consider/submit for DSRIP funding
- Understand the requirements for submission of a DSRIP proposal
- Identify others with whom to collaborate regarding similar initiatives and success factors
- Understand the problems and opportunities related to behavioral health patient care improvements

Why Should We Care Anyway?

Quality behavioral healthcare in any setting SAVES LIVES.

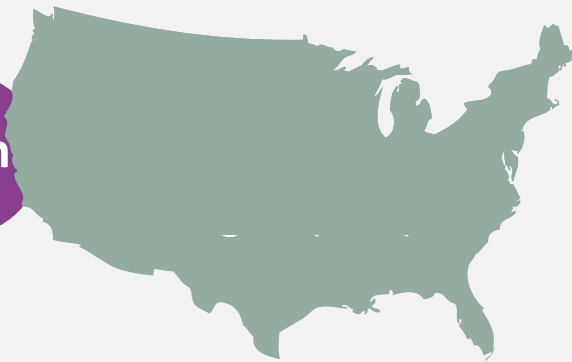
Suicide Statistics



2nd

leading cause of death in young adults 15-24

10th



20% seniors who commit suicide have seen their PCP the same day, **40%** had seen the PCP in the past week and **70%** within the last 30 days

What if these patients had been assessed for depression and suicide?



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2 Stories Effecting Unlimited Families

- “Limits on help for Mentally Ill,” Rick Herd, Contra Costa times, June 11, 2015; “Law enforcement and families struggle to balance civil rights versus safety”

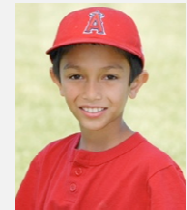
2 Tragic Stories

Danny Pasquini

“The System forced us to wait until my son was dangerous”



***William Shultz
and
Jordy Amgren***



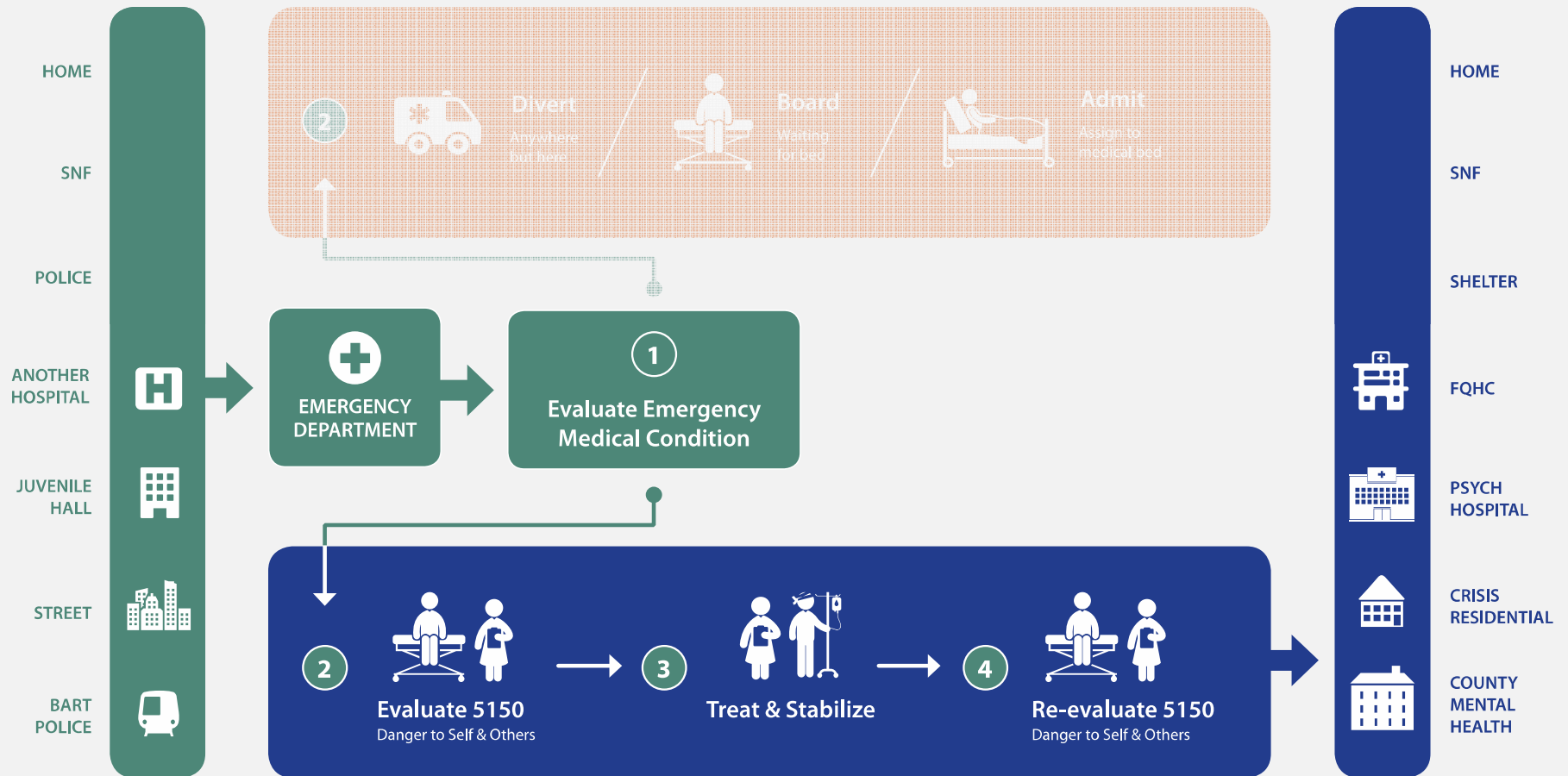
“I wanted to see what it was like to kill someone before I was killed”

Healthcare Professionals are in the Business of Saving Lives

- Assess the unique needs of the population you serve
- Build services to meet targeted community needs
- Develop services based on presenting problems to your ED and other sites

Psychiatric EMERGENCY CARE

Current vs Future



Introductions

Steve Lipton

Partner, HLB

M. Steven Lipton focuses on general hospital representation, including hospital operations, physician contracting, regulatory and compliance matters and healthcare transactions. His practice includes corporate governance, licensing, fraud and abuse, and PACE organizations. Steve also focuses on EMTALA investigations, compliance, training and counseling. slipton@health-law.com



It's Required!!!

- Core emergency service obligations –
 - EMTALA
 - California emergency services laws
- Joint commission standards
- Involuntary holds –
 - W & I Code §5150 (LPS)
 - H & S Code §1799.111
- Applicable laws governing restraints

Emergency Service Obligations

- Medical screening of psychiatric conditions
- Further evaluation and monitoring of psychiatric patients
- Security/elopement of psychiatric patients
- Transfer of psychiatric patients
- Acceptance of emergency psychiatric patients — requests for insurance information
- Discharge of psychiatric patients without transfer

Voluntary vs. Involuntary Patients

- What's your plan to manage behavioral emergency patients?
 - Is the patient voluntary or involuntary?
- What resources are available?
- What is your county's interpretation of LPS for writing and releasing involuntary holds?
 - Proactively engage your county if you need help
 - What's your plan if the county is non-responsive?

Additional Resources



We are Incentivized to Do it!!

- DSRIP safety net program will support initiatives that improve access, care and outcomes particularly for underserved, vulnerable populations
- The bigger the impact, the bigger the incentives



Future

- The Affordable Care Act propelled over 1.4 million insured people into California's healthcare system, a staggering number that continues to put a significant burden on providing high quality, safe and effective healthcare - Ann Stoltz, RN, PhD, Benicia Happenings, June/July 2015

Conclusions

- The need for quality behavioral health services provided within a continuum of care will continue to grow.
- “Business as usual” is not working particularly in behavioral health
- Clinical care transformation is the vision leading us to the goal of population health management
- Millions of dollars are available to incentivize providers to plan and implement this transformation - Let’s go for it!!

Next Webinar - August 13, 2015 1:00-2:30 PDT

- The How of developing services for patients with BH disorders
- Ed models
- Tele-psych
- South Carolina example
- Midwest example
- Northern California example

Thank You

- Please complete evaluations and provide feedback
- Register for Webinar Number 3
- Mark your calendars for August 13, 2015 1:00-2:30
- Questions directly to Liz Stallings, Sherreta Lane,
Steve Lipton



Thank You

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