The Joint Commission Behavioral Health Accreditation

Leading Practices Roundtable

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Discussants
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Executive Director
The Joint Commission is:

- Independent
- Not-for-profit
- Private sector, non-governmental organization

Our Mission Statement:

To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating healthcare organizations and inspiring them to excel in providing safe and effective care of the highest quality & value.

Our focus: helping behavioral health organizations help the people they serve.
Overview

WHAT we do: Current practice

WHY these strategies
Current Strategies

- Community Coalitions / Strategic Prevention Framework
- Communication Campaigns: Community, Parent, or Youth Targeted
- Youth Prevention Education
- Parent Education
- Other
Strategy Selection

- Community Level Change
- Youth ATOD Prevention – Gateway
- Limitations of Drug Education
- Role of Adult Risk Factors for Youth Use
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Hathaway-Sycamores Child & Family Services

- One of the largest nonprofit, private children’s mental health and welfare agencies in Los Angeles County
- Provides a comprehensive continuum of services to over 8,000 children and families annually.

Services include:
- Residential Treatment
- Foster Care and Adoption
- Nonpublic School
- School-based and Outpatient Mental Health
- Wraparound and In-Home Counseling
- TBS (Therapeutic Behavioral Services)
- Transition Age Youth (Housing and Mental Health)
- Family Resource Center
- Grief and Loss Center
Philosophy of Treatment and Values

- Build Rapport and Trust: Engagement is Key and Continuous
- Know and Understand Client (Needs, Goals, Culture, Past Influences)
- Listen, Listen, and Listen….
- Focus on Strengths/Skills/Competencies
- Individualized Client Driven Goals and Plans
- Include Family (as defined by client)
- Create **New Experiences**/Memories/Success Opportunities
- Non-Judgmental Acceptance/Unconditional Care
- Community Collaboration
- Program Performance and Outcomes are Measured and Evaluated
- Remain Hopeful and Patient
Team Structure

- Client and Family (as defined by client)
- Youth Advocate (peer to peer support)
- Youth Specialists (life skills and linkage to resources)
- Clinician (psychotherapy, reducing and managing mental health symptoms)
- Resource Specialists (housing and financial/legal)
- Program Coordinator (referral management)
- Clinical Supervisor (staff and documentation management)
- Director (program management)
- Psychiatrist (medication management)
Services and Supports

- Individual psychotherapy 1-2 hrs per week (Clinician)
- Individual life skills training and linkage 1-2 hrs per week (Youth Specialist/Youth Advocate)
- Transitional Housing, Rent Assistance, or Emergency Housing (Resource Specialist)
- Transportation Assistance (Resource Specialist)
- Financial/Legal Support (Resource Specialists)
- Medication Support (Psychiatrist)
- Group Training/Therapies (Clinician/Youth Specialist/Youth Advocate/Outside Speaker/Trainer)
- 24/7 Crisis Response (Clinician/Youth Advocate/Youth Specialist)
Emotional/Social/Relational/Spiritual Support

- Individualized treatment goals
- Client directed treatment goals
- Experience success through achievable goals
- Experience safe relationships
- Experience acceptance of self/feelings
- Experience understanding of self/feelings
- Experience attachment in relationships
- Experience consistent/predictable relationships
- Experience self-worth and value
Emotional/Social/Relational/Spiritual Support

- Experience healing of pain, anger, past trauma
- Experience responsibility and consequences within a safety net
- Experience acceptance of developmental functioning
- Experience acceptance in the midst of struggles/challenges
- Experience freedom of choice and participate in decision making
- Experience support of differences
- Embrace mistakes and failure from taking risks
- Develop Problem-Solving and Conflict Resolution skills
- Freedom to explore/participate in faith community of choice
Housing Support

- Safe, stable, affordable, and permanent solutions
- Beginning, maintaining, and ending landlord relationships
- Low income housing options (transitional, board & care, section 8, permanent supportive, SRO, market rate)
- Roommate relations, boundaries, and conflict resolution
- Collaborations with landlords
Health/Food/Nutrition Support

- Medical and Dental Care
- Food Resources (food stamps, food banks, grants)
- Food Nutrition, Shopping, and Preparation training
- Group Cooking Classes
- Roommate Boundaries (unwanted sharing)
- Reduction in Harmful Choices/Behaviors
  - Substance use/abuse
  - Self-harm (cutting, eating disorders, etc)
  - Abusive Relationships
  - Unprotected/Promiscuous Sex
Financial/Legal Support

- Resources (Jobs, Internships, Work/Study, SSI, MediCal, General Relief)
- Budgets and learning from mistakes
- Savings from rent payments (75%)
- Secure personal documents
- Sealing juvenile records
- Representation at court hearings
- Collaborations with law firms
Employment/Volunteering Support

- Collaborations with employers
- Grant funded Internships with community businesses
- Finding, securing, maintaining, and leaving Work/Study
- Volunteering at food banks, retail stores, Mexican orphanage, feeding homeless, agency jobs
- Participation in Youth Council
- Participation in intake interviews
- Peer Support
Community Integration/Resources

- Transportation and Housing
- Social, Recreational, and Health
- Faith Communities
- Mentoring, Education, and Employment
- Participation in Stakeholder meetings/events
- Financial Benefits (School Financial Aid, SSI, MediCal, General Relief, Food Stamps)
Education Support

- Collaborations with schools
- Exploring interests and needs
- Applications and processes
- Grants for emancipated foster youth
- Tutoring and accommodations
- Loans: proceed with caution
Successful Outcomes

- Healthy Relationships with Connected Autonomy
- Mental Health Symptom reduction/management
- Reduction in harmful choices/behaviors
- Problem-Solving and Resource Acquisition skills
- Educational achievement
- Employment achievement
- Safe, Stable, Affordable Housing
- Sense of Self-Worth, Purpose and Hope
Things to Remember

- Provide relationship experiences that are different than they had in the past
- Be aware of your needs vs. client needs
- Reframe client characteristics as strengths
- Reframe mistakes and failure as learning opportunities
- Provide Acceptance, Encouragement, Hope, and Patience
Bruce Seitzer

Chief Clinical Officer

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Urban Setting

Five Locations

Serving about 10,000 consumers a year

Accredited Since 1998
Populations Served

- Mental Health and Substance Use Disorders
- About Half Adults and Half Children
- High level of poverty
- Over 85% Medicaid Eligible
- Increasingly high acuity level
- Medically Complicated Cases
The Case for Integration

On average SMI population dies 25 years earlier

Lutterman T, Ganju V., Schacht L, Shaw R, Monihan K, et.al.

Sixteen State Study on Mental Health Performance Measures.

DHHS Publication No. (SMA) 03-3835, 2003
Contributing Factors Similar to Other Groups

- Smoking (75% of SMI smoke compared to 22% in general population)
- Obesity (two to three times as likely)
- Diabetes (13% of schizophrenic population compared to 8% in general population) 
  \textit{(NASMHPD 2006)}
Other Risk Factors

- Alcohol consumption
- IV drug use
- Unsafe sexual behavior
- Lack of exercise
Treatable conditions...However

- Psychiatrists focus on psychiatric symptoms
- Physical symptoms may be dismissed
Likewise...

On the flip side, up to 70% of primary care visits stem from psychosocial issues - accessed through PCP *(Robertson and Reiter, 2007)*

Yet, many MH and SA problems remain unidentified by PCP
<table>
<thead>
<tr>
<th>Medical Illness</th>
<th>Rate of Depression</th>
</tr>
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<tbody>
<tr>
<td>Heart Attack</td>
<td>40 - 65%</td>
</tr>
<tr>
<td>Coronary Disease</td>
<td>18 - 20%</td>
</tr>
<tr>
<td>Cancer</td>
<td>25%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>25%</td>
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*(National Council Behavioral Healthcare)*
Stigma

- Less stigmatizing to seek care in primary care setting
- MH or SA label obstacle to seeking care
- "Going to the doctor" becomes inclusive
Access

- Intimidated by standard primary care settings
- Shame associated with poverty
- Mental Health or Substance Abuse symptoms contribute
Most primary care providers receive little training in mental illness or substance abuse

Psychiatrists have minimal training in management of chronic medical issues
The Solution Aims To:

- Treat holistically
- Improve access
- Reduce stigma
Shift from disease focused system to person-centered system

Improve overall health
Three Models:

- Good: Coordinated
- Better: Co-Location
- Best: Integrated
Coordinated

- Referral to a separate location with formal linkage arrangement and information exchange
Co-Location

- By referral on-site
- Ease of access
- More immediate informal consultation
Integrated

- Specialist embedded member of "Team"
- Enhanced communication
- Including unified medical record
The Four Quadrant Clinical Integration Model

Quadrant I
BH ↓ PH ↓
- PCP (with standard screening tools and behavioral health practice guidelines)
- PCP-based behavioral health consultant/care manager
- Psychiatric consultation

Quadrant II
BH ↑ PH ↓
- Behavioral health clinician/case manager w/ responsibility for coordination w/ PCP
- PCP (with standard screening tools and guidelines)
- Outstationed medical nurse practitioner/physician at behavioral health site
- Specialty behavioral health
- Residential behavioral health
- Crisis/ED
- Behavioral health inpatient
- Other community supports

Quadrant III
BH ↓ PH ↑
- PCP (with standard screening tools and behavioral health practice guidelines)
- PCP-based behavioral health consultant/care manager (or in specific specialties)
- Specialty medical/surgical
- Psychiatric consultation
- ED
- Medical/surgical inpatient
- Nursing home/home based care
- Other community supports

Quadrant IV
BH ↑ PH ↑
- PCP (with standard screening tools and guidelines)
- Outstationed medical nurse practitioner/physician at behavioral health site
- Nurse care manager at behavioral health site
- Behavioral health clinician/case manager
- External care manager
- Specialty medical/surgical
- Specialty behavioral health
- Residential behavioral health
- Crisis/ED
- Behavioral health and medical/surgical inpatient
- Other community supports

Persons with serious mental illnesses could be served in all settings. Plan for and deliver services based upon the needs of the individual, personal choice and the specifics of the community and collaboration.
C4 Staff at FQHC: Quadrant III

- Co-location at FQHC
- Building staff relationships
- Referral for assessment and treatment
- Release to share information
Mental health clinician set own appointments

Available for informal consultation

Follow-up as needed
FQHC Staff at MHC: Quadrant II

- Physician Assistant w/prescriptive authority
- Office in building w/high traffic
- Schedule set by FQHC w/referral
- Release to share information
“Warm hand-off“

Informal "curbside" consultation

Consumers bond w/ physician assistant and can then move with her to Primary Care setting...or not
Extra Points

Pharmacy embedded in CMHC improves:

- Communication
- Compliance
- Coordination
- Client satisfaction
Variations

- Agreement on standardized screening instruments
- Cultures evolve with experience
- Comfort increases over time
- Systems move toward integration
Mutual Symbiosis

- FQHC and CMHC
- Complementary arrangements
- Physicians and clinicians billing rates
"In times of rapid change, experience could be your worst enemy"

J.P. Getty
Challenges

- Common vision
- Culture
- Pace
- Language
- Payment systems and billing
- Merging of records
Benefits - Why It's Worth It

- Better access
- Improved treatment adherence
- Stigma reduction
- Better outcomes
- Higher client satisfaction
- Efficiency
Closing Remarks
Complimentary support to guide you through your first accreditation

- Behavioral Health Accreditation Team
- Complimentary conference calls & webinars
- Standards Interpretation Group: (630) 792-5900
- Introduction to mentor organizations
- Account Executive
- More information at: www.jointcommission.org/bhcs
Joint Commission
Behavioral Health Care Accreditation

The Joint Commission’s Gold Seal of Approval™ means your organization has reached for and achieved the highest level of performance recognition available in the behavioral health field.
2012 Complimentary Webinars

- Feb 7 - What to Expect From Accreditation and What it Costs
- Mar 6 – How to Achieve Behavioral Health Accreditation
- May 8 – The Joint Commission On-Site Survey Process
- Jun 5 – Provider Roundtable on Emerging Trend
- Aug 7 – Behavioral Health Standards Overview
- Sep11 – How to Achieve Behavioral Health Accreditation
- Nov 13 – The Joint Commission On-Site Survey Process
- Dec 11 – Provider Roundtable