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BEHAVIORAL HEALTH FACILITY CONSULTING

D^3

The Intersection of Diagnosis, Dignity and Design for Mental and Behavioral Health Communities in Crisis

A Glimpse Ahead - Preview Research and Findings *D3 will be published summer of 2022*

BEHAVIORAL HEALTH THOUGHT LEADERS

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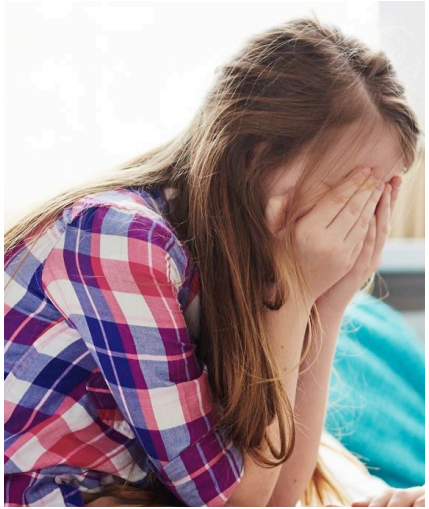
IDD Provider Capacity Building

…...designing with passion and emphasis toward safe, therapeutic and restorative care environments...

D^3 - Diagnosis, Dignity and Design

The Intersection of Diagnosis, Dignity and Design for Mental and Behavioral Health

Translating into Safe, Therapeutic and Restorative Environments of Care.



Defining Crisis

A crisis exists when individual skills and resources are not adequate to deal with a situation AND the ability to cope is overwhelmed.

- Crisis triggers can be:
  - Biological,
  - Psychological
  - Social
    - *Usually, a combination of the three.*

Why This Work is Important

- 20% of U.S. population meet diagnostic criteria for a mental illness each year
  - Likely underreported and closer to 25%+
  - Depression is leading cause of disability age 15-44
- Over 20 million adults met SUD criteria

Diagnostic Criteria (MI)

Different mental illnesses have different diagnostic criteria. In general, mental illness is diagnosed based on a combination of symptoms, duration of symptoms, and functional impairment.

- **Diagnostic and Statistical Manual of Mental Disorders (DSM-5)**
  - Published by the American Psychiatric Association
  - Used by mental health professionals to diagnose a wide range mental health conditions

Diagnostic Criteria (MI)

- *Depression*
  - **Depressed** mood most of the day, nearly every day
  - Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day
  - Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day
  - **Insomnia** or hypersomnia nearly every day
  - Psychomotor **agitation** or retardation nearly every day
  - **Fatigue** or loss of energy nearly every day
  - Feelings of **worthlessness** or excessive or inappropriate **guilt** nearly every day
  - Diminished ability to think or concentrate, or indecisiveness, nearly every day
  - Recurrent thoughts of death, recurrent **suicidal ideation** without a specific plan, or a suicide attempt or specific plan for committing suicide

Diagnostic Criteria (SMI)

Serious Mental Illness (SMI) is defined as having, at any time during the past year, a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. *(NIDA, 2021)*

- Includes major depression, schizophrenia, bipolar disorder, and other mental disorders that cause impairment
- Around 1 in 4 individuals with SMI also have an SUD.

Diagnostic Criteria (SUD)

A substance use disorder (SUD) is a chronic and relapsing brain disease characterized by an impaired ability to control one's use of a substance, despite its harmful consequences.

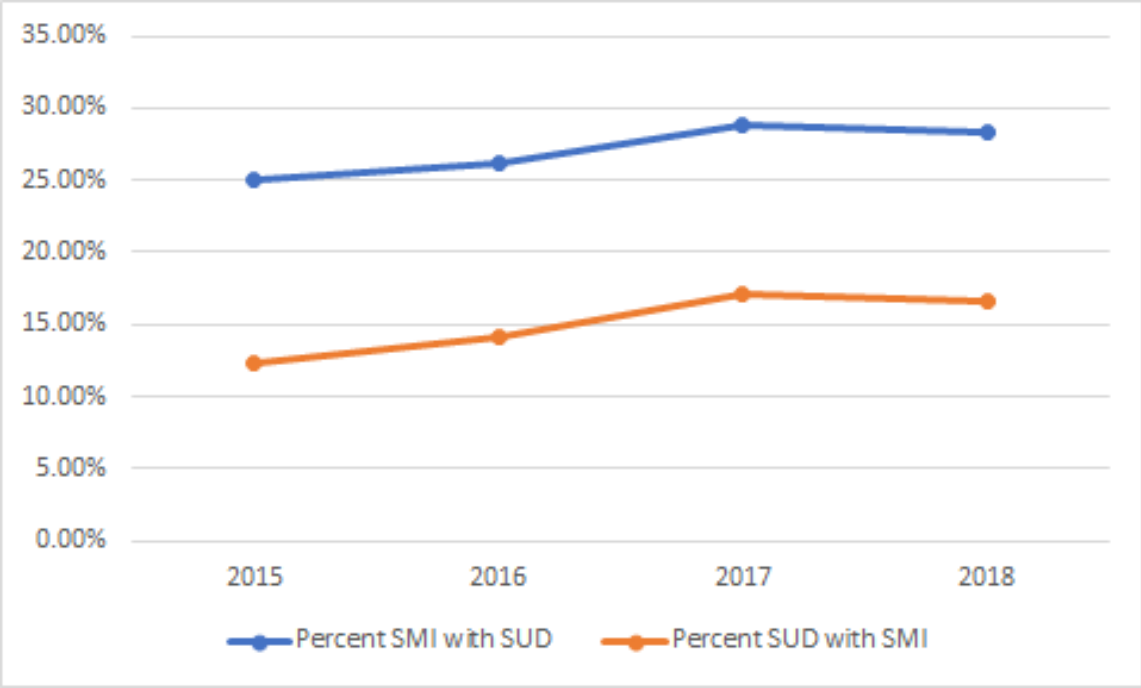
- The term "substance use disorder" replaced the terms "substance abuse" and "substance dependence" in the DSM-5
- As an example, Alcohol Use Disorder can be diagnosed as mild, moderate, or severe. The number of symptoms present determines the distinction between mild, moderate, or severe

Diagnostic Criteria (SUD)

- *Alcohol Use Disorder*
  - The DSM-5 lists 11 possible symptoms of Alcohol Use Disorder
  - Examples include failure to perform responsibilities due to substance use, a physiological tolerance to the substance, cravings for the substance, and failing to stop use despite multiple attempts to quit.

  - To be diagnosed with **mild** Alcohol Use disorder,
  - an individual must possess **two to three** of the 11 symptoms.
  - To be diagnosed with **moderate** Alcohol Use disorder an individual must possess **four to five** of the 11 symptoms.
  - To be diagnosed with **severe** Alcohol Use disorder, an individual must possess **six or more** of the 11 symptoms

Crisis Confusion



- Co-morbidity and Common Characteristics

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Crisis Response & Stabilization

Traditional Crisis Response

- Call 911
- EMS or Police respond
- Transport to Emergency Department or Jail
  - Long Wait Times
- Inpatient Psych Care or Community

Ideal Crisis Response

- Call 988
  - *80% resolved (***100 → 20)**
- Mobile Crisis Teams respond
  - *70% resolved (***20 → 6)**
- Transport to Crisis Center
  - Little to No Wait Time

988 Roll-out

- *Important to note that 988 will launch July 2022*
- Without an effective crisis system, 988 will create:
  - Increased demand on emergency departments
  - Worsen existing problems like jail admissions and psychiatric boarding

Crisis Centers

”Short-term and stabilization services in a home-like, non-hospital environment” *(SAMHSA, 2020)*

- Two Primary Components:
  - Temporary Observation Unit
    - **≤ 24-hour stabilization**
  - Extended Observation Unit
    - **5 – 7 day stabilization**

Crisis Centers

- **Key Features**
  - 24/7/365 Operation
  - “No Wrong Door” Access

    First Responder Priority
  - Warm Hand-off
  - Level of Care Assessment
  - Discharge Planning at Admission
  - Community Collaboration

Temporary Observation

- **Key Functions**
  - Assessment & Stabilization
  - Determination Appropriate Level of Care
  - Psychiatric Eval (Risk & Meds)
    - Psychiatrist or Psychiatric Nurse Practitioner
  - Brief medical screening
    - Registered nurse
  - SUD Screening and Psychosocial
    - Licensed clinician
  - Discharge Planning
    - Bachelor’s level clinician

Extended Observation

- **Key Functions**
  - Assessment
  - Diagnosis
  - Observation and engagement
  - Individual and group therapy
  - Skills training
  - Prescribing and monitoring of psychotropic medication
  - Referral and linkage to community resources

Important to Note

- Mental Health / Substance Use Specific
- Exclusionary Criteria
- Medical Clearance
- Must include Community Collaborative

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A Tale of Two Systems

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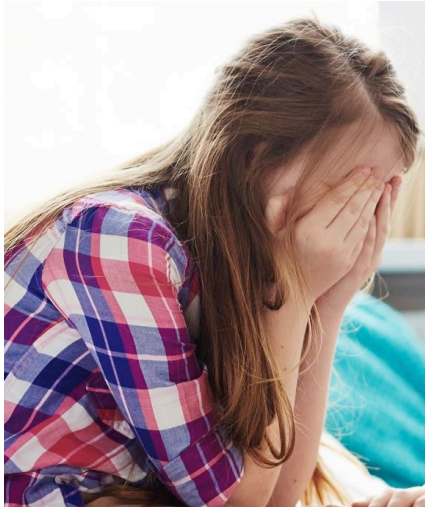
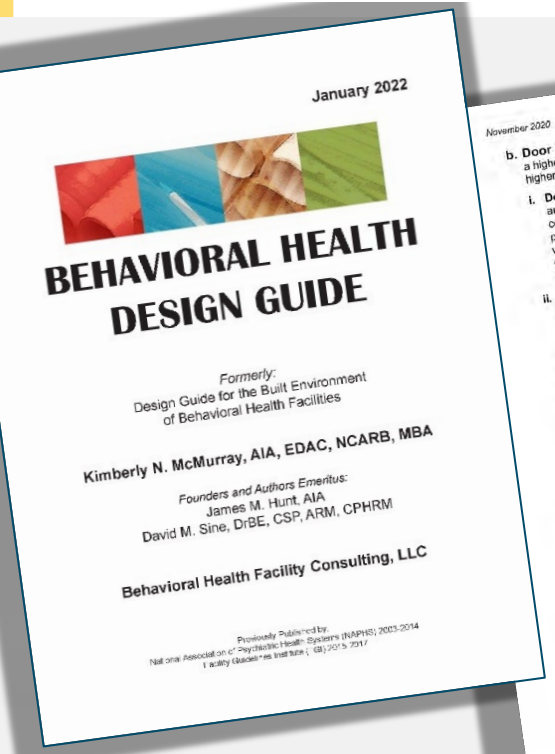
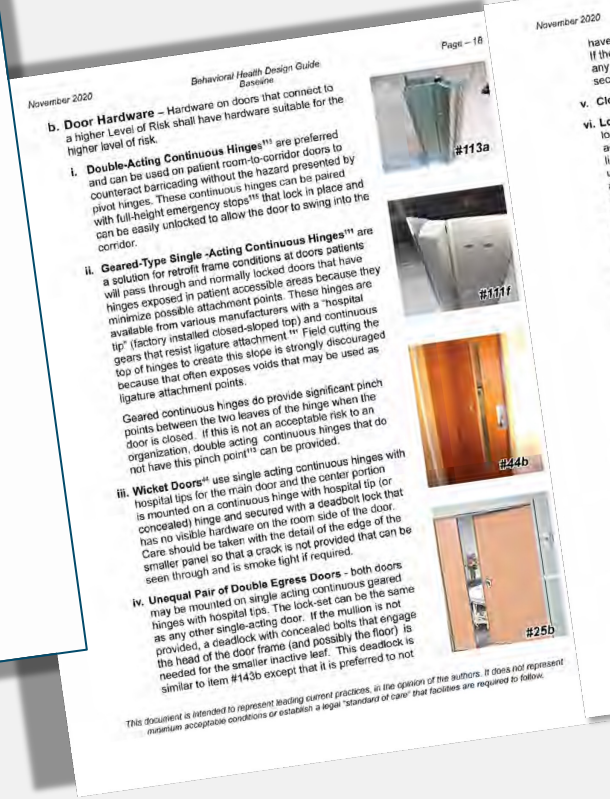
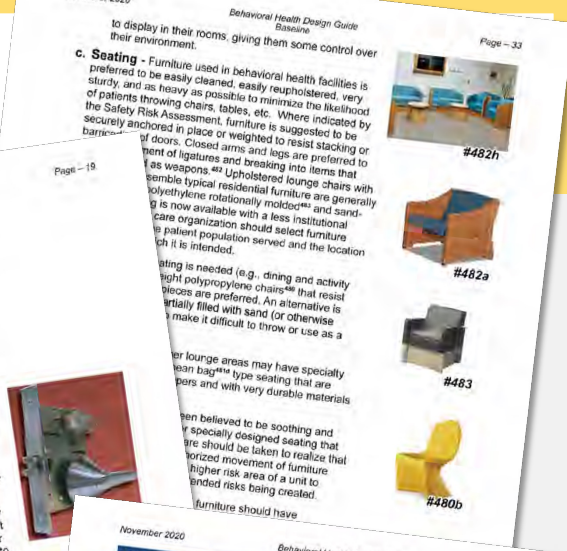


Behavioral Health Design Guide







Patient and Staff Safety

LEVEL I
LEVEL II
LEVEL III
LEVEL IV
LEVEL V

Resource: Alabama Department of Mental Health – Forensic Facility

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Environmental Safety Risk Assessment

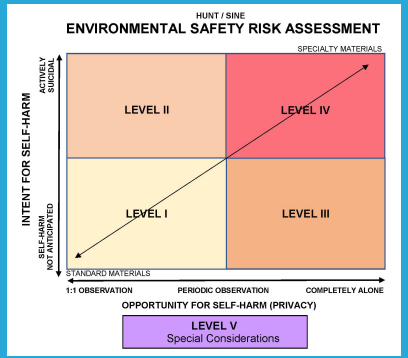
***Level I**: Areas where patients are not allowed.*

***Level II:** Areas behind self-closing and self-locking doors where patients are highly supervised and not left alone, such as counseling rooms, activity rooms, interview rooms, group rooms as well as corridors that do not contain objects that patients can use for climbing and where staff are regularly present.*

***Level III**: Areas that are not behind self-closing and self-locking doors where patients may spend time with minimal supervision, such as lounges, day rooms and corridors where staff are not regularly present. Open nurse stations should be considered under this Level*

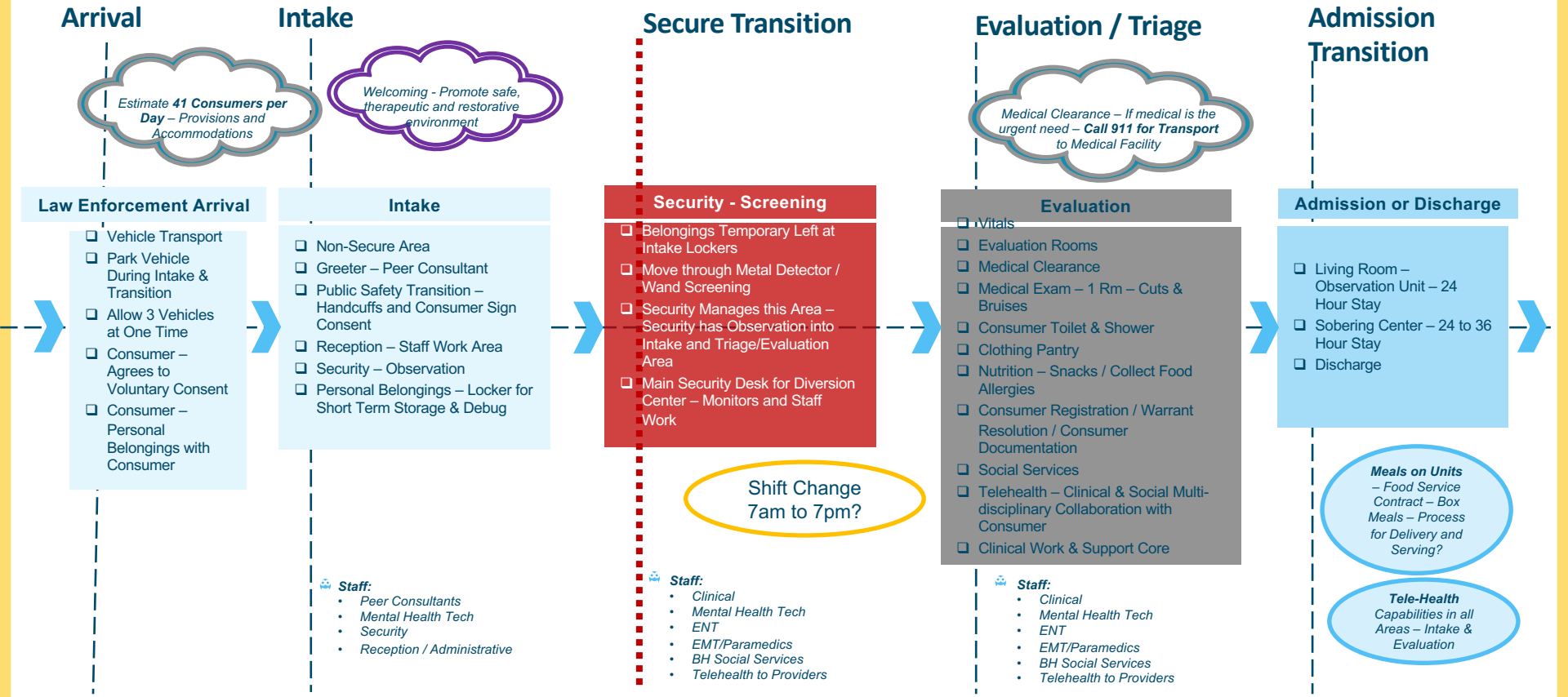
***Level IV**: Areas where patients spend a great deal of time alone with minimal or no supervision, such as patient rooms (semi-private and private) and patient toilets.*

***Level V:** Areas where staff interact with newly admitted patients who present potential unknown risks or where patients may be in highly agitated condition. Due to these conditions, these areas fall outside the parameters of the risk map and require special considerations for patient (and staff) safety. Such areas include seclusion rooms and admission rooms.*



***Source:** Behavioral Health Design Guide, January 2022*

Crisis Diversion Center – Arrival Sequence through Admission into Unit or Discharge



Example One Segment for Work Session to Define Patient and Staff Flow

EXPERIENTIAL MAPPING – "DAY IN THE LIFE"

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Living Room Peer Support Model & Extended Stay - Space Needs

Evaluation / Assessment
- Front Walk-Ins
- Public Service Vehicle Entrance
- Evaluation / Medical Exam
- Secure Hold
- Consumer Toilet/Shower

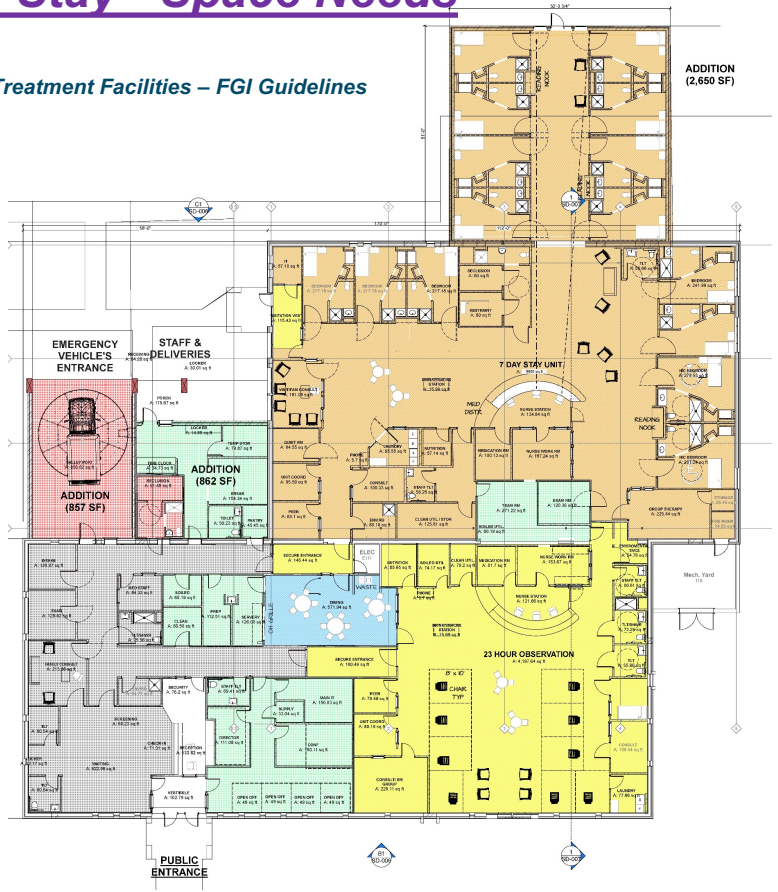
Living Room – 24 Hour Stay
- Open Consumer Environment
- Recliner Chair Patient Stations
- Private Patient Room – 10%
- Consumer Toilet / Shower – 1:6
- Consumer Laundry
- Consultation Rooms – Tele-Communications
- Medical Exam / Vitals Daily
- Group Therapy
- Peer Consultation Office
- Social Soft Seating – Television Area
- Nutrition Bar – Snacks, Drinks, Ice
- Dining – Tables for Meals
- Visitation & Family Consultation?

Staff Work:
- Open Work
- Secure Work – Head Down
- Team Planning
- Staff Lounge, Toilet, Lockers
- Medication
- Clean Supply & Linen
- Soil Hold
- Housekeeping
- Offices – Administration, Social Services, Case Mgt, Etc.

Outpatient Occupancy and Residential Treatment Facilities – FGI Guidelines

Extended Stay
- Private Patient Room – Gender Separate
- Consumer Toilet / Shower – 1:6
- Consumer Laundry
- Consultation Rooms – Tele-Communications
- Medical Exam / Vitals Daily
- Group Therapy
- Peer Consultation Office
- Social Activity Soft Seating – Television Area
- Nutrition Bar – Snacks, Drinks, Ice
- Dining – Tables for Meals
- Visitation & Family Consultation

Professional Staff:
- Peer Consulates
- Social Services
- Case Managers
- Mental Health Techs
- Clinical – RNs, Providers
- Security



Resource: Alabama Department of Mental Health

Crisis Center Examples

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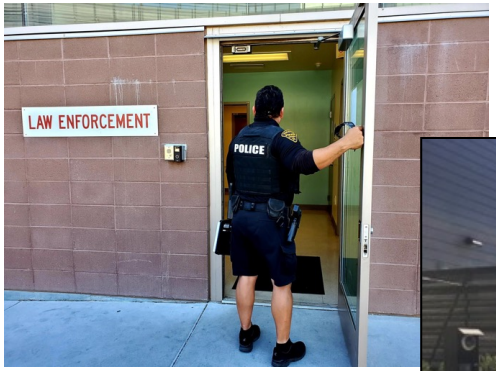
Warm Handoff

Dedicated Law Enforcement Entrance with secure gated sallyport and Touchdown Area for Officers with Transition to Crisis Center Staff

Consider Dignity of Consumer / Client

Dedicated Space for Warm Handoff – Not a Transition in the Corridor or Vestibule



Resource: Connections Health Solutions, Margie Balfour, MD, PhD and Oklahoma City Crisis Center, ODMHSAS

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Living Room Model
Peer Resources

The Living Room Peer Support Model (LRPSM) use of certified peer support workers and peer volunteers in providing the following services within a drop-in setting:

- *de-escalation during crisis,*
- *short term goal setting,*
- *safety plan development,*
- *teaching coping skills,*
- *connecting with community and hospital resources,*
- *medical and behavioral health system navigation,*
- *job search & employment preparation,*
- *supportive coaching and more…..*

Resource: Oriana House, Cuyahoga County Diversion Center and University of North Carolina Transitional Care Unit, Chapel Hill

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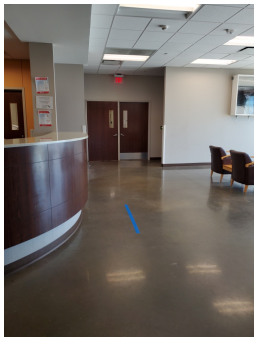
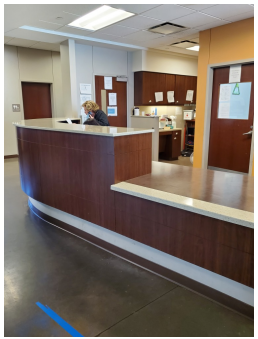
Therapeutic Milieu

Open Design to Facilitate Continuous Observation, Social Interaction, Flexibility and Choices





Resource: Connections Health Solutions, Margie Balfour, MD, PhD and Oklahoma City Crisis Center, ODMHSAS

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Basic Physiological & Social Services

Nutrition, Shower, Laundry, Medication Adjustments, Community Resources, Rest, etc.

Resources:
Oriana House, Cuyahoga County Diversion Center,
Mind Springs Colorado, and
University of North Carolina Transitional Care Unit, Chapel Hill

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What is important to you?

What do you need to know?

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