



*The Heart of a
Healthy Community*

ARMC Behavioral Health Delivery Model

Ron Boatman
Associate Hospital Administrator
Strategy & Business Development



- 456 BED University affiliated teaching hospital located in Colton, CA
- Residency programs in all major disciplines
- ARMC is a Level II Trauma center, a regional burn center, designated primary stroke center, operates five primary care clinics (including four off-campus family health centers), and provides over 40 sub-specialties within the medical center
- 72 acre campus operated by the County of San Bernardino serving the needs of residents throughout the 20,000+ square miles of the County
- 24,614 - Inpatient visits
- 245,169 - Outpatient clinic visits
- 116,133 - Emergency room visits

- 90 licensed inpatient behavioral health beds
- Located on the ARMC campus
- Psychiatric emergency, crisis stabilization, Inpatient psychiatric services for ages 18 – 64
- Psychiatric residency program
- Outpatient visits – 19,894
- Inpatient admissions – 18,704
- BH Programs:
 - Triage – psych emergency
 - Diversion program
 - Crisis Stabilization Unit
 - Three inpatient units



BH TRIAGE – EMERGENCY SERVICES

- Reducing psychiatric boarding issues in the ARMC emergency room
- Positive impact on overcrowding
- Immediate care for psychiatric patients in a behavioral setting
- Multiple levels of care based on patient need



DELIVERY MODEL

- Built on a positive relationship with the San Bernardino County Department of Behavioral Health (DBH)
- Implementation of a “Diversion Program” staffed by DBH employees in our facility
- Developed immediate linkage to lower level services
- Increased inter-agency collaboration for pre and post admission services
- Inter-agency discharge planning committee
- Established working relationship with local law enforcement to reduce 5150’s
- Implementation of a locked CSU

DELIVERY MODEL (cont.)

- System entry for all patients through BH lobby
- Lobby staffed with security and BH staff
- All ambulance transports screened through medical ER, then transferred to BH lobby
- Initial screening/evaluation by triage nurse
- 5150's remain in PD custody until cleared to triage unit
- Holding cell for use as needed

DIVERSION PROGRAM

- ARMC & DBH partnered to develop a diversion program for all voluntary patients upon entry
- Inter-agency effort to divert patients to lower level facility as appropriate reducing demand on acute system
- Assessment completed by DBH clinicians
- Transportation, housing, social determinants, and medication support provided
- Program successfully diverts between 200 and 300 patients per month

TRIAGE SERVICES

- Full array of psychiatric emergency services
 - Medical screening from ER physicians 24/7
 - Vitals, lab services, EKG, etc.
 - Nursing assessment
 - Psychosocial assessment
 - Medication assessment
 - Psychiatrist assessment for admission or CSU placement
 - Special observation for high-acuity

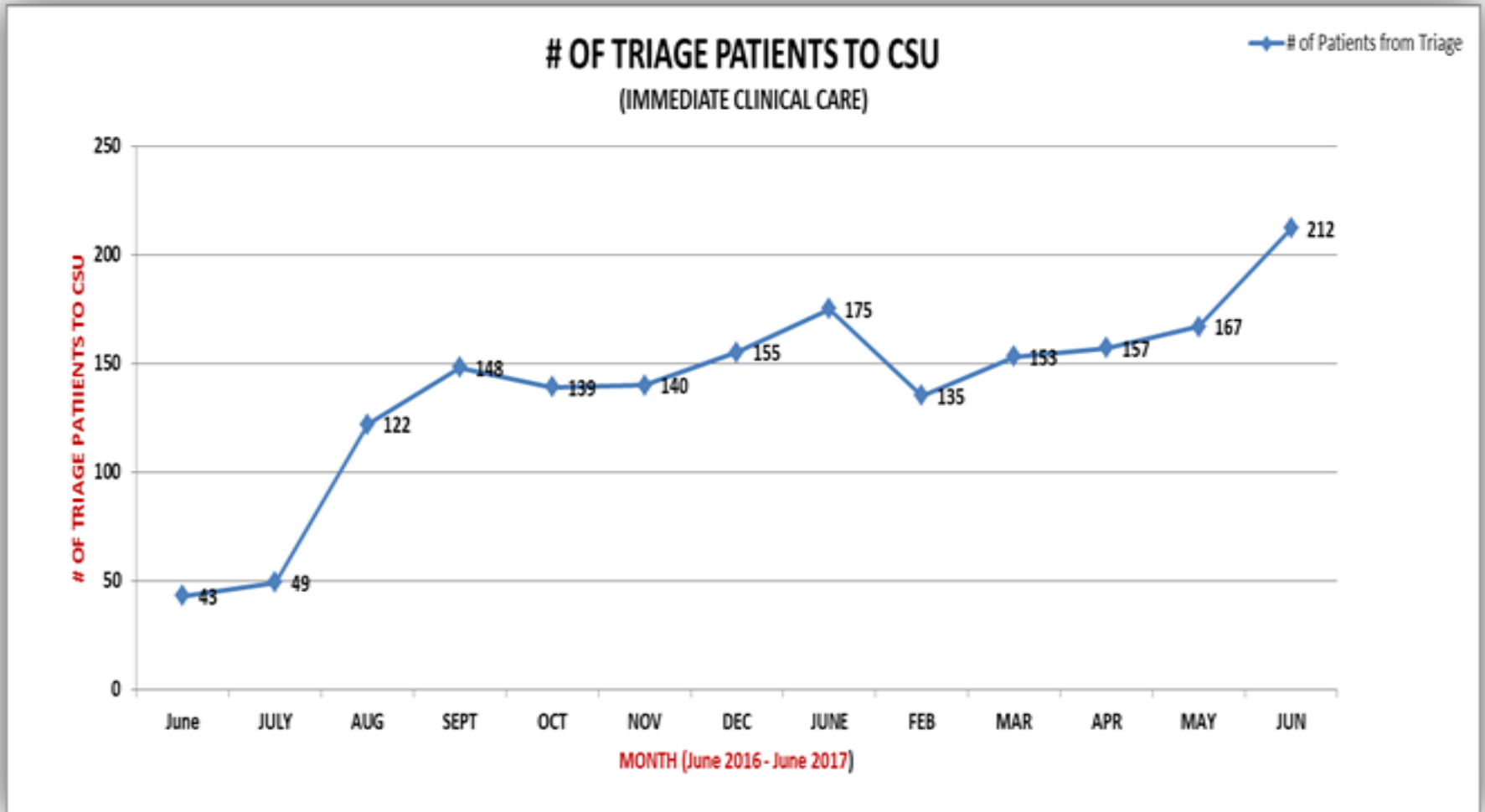
ADDRESSING OVERCROWDING

- Changes to delivery model reduced/eliminated ARMC medical ED holds for psych patients by providing appropriate entry point
- Inter-agency support via diversion reduced BH throughput
- Reduced triage census from 70 – 90, to 20 – 40 holding for admission/placement
- Continue to face issues with conservatorship patients due to lack of community options

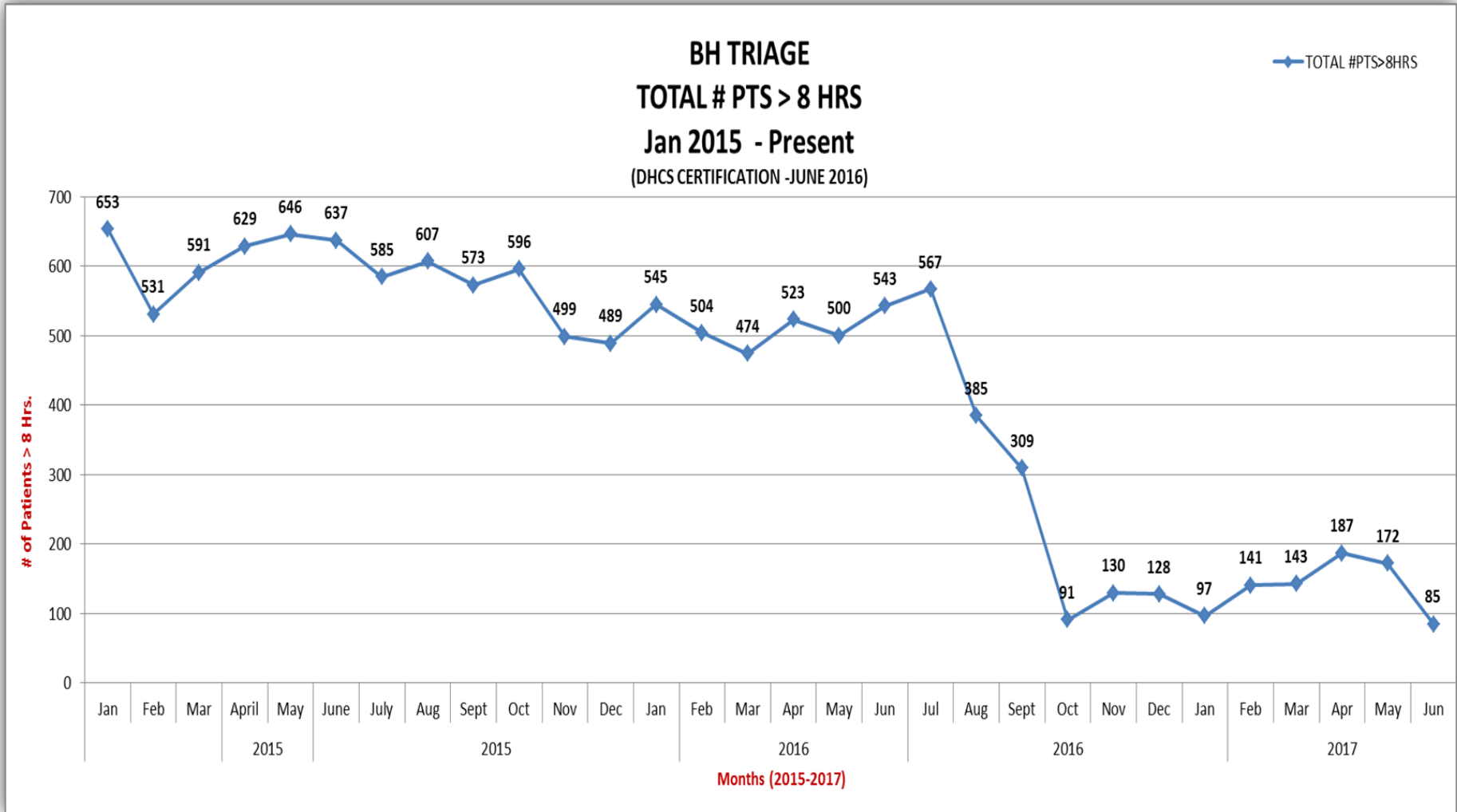
CRISIS STABILIZATION UNIT

- Implemented hospital-based locked crisis stabilization unit
- Provided intervention for voluntary and involuntary patients who could benefit from a 24 hour crisis stabilization
- Allowed for appropriate clinical placement through discharge planning committee
- Positive impact on revenue by reducing unreimbursed days, and providing alternative level to triage

CSU VOLUME



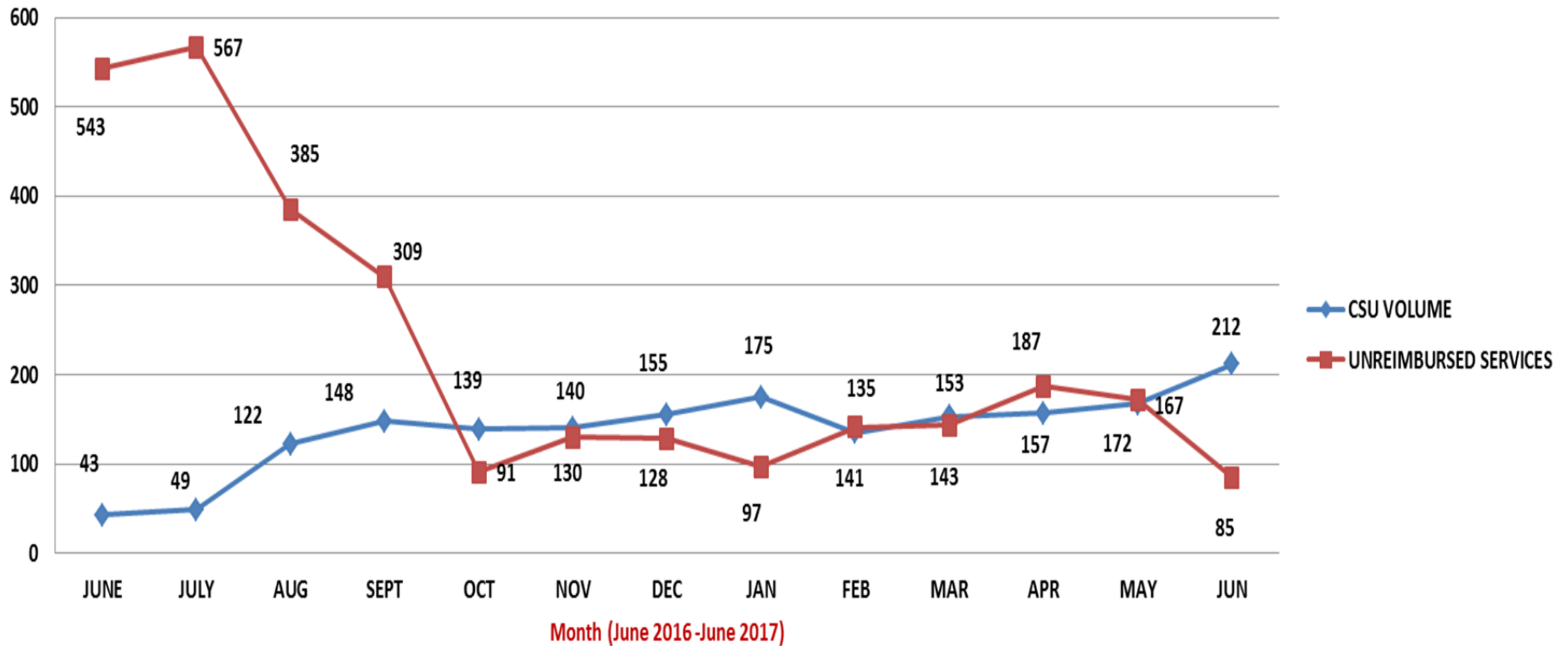
IMPACT ON TRIAGE HOLDS



CSU VOLUME – UNREIMBURSED SERVICES

CSU VOLUME vs UNREIMBURSED SERVICES

(JUNE 2016 (DHCS CERTIFICATION) - PRESENT)



THANK YOU!



*The Heart of a
Healthy Community*

www.arrowheadmedcenter.org