ARMC Behavioral Health Delivery Model

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HOSPITAL FACTS

- 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
ARMC Behavioral Health Services

- 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
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
• 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
• 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
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.
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
• 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
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
THANK YOU!