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FOR BEHAVIORAL HEALTH

APRIL 8-10, 2013 | LAS VEGAS

Becoming Your Community's Mayo Clinic of Behavioral Health

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What we're going to talk about...

- > Healthcare reform is changing everything.
- > Behavioral health organizations must be seen as high-performing, cost-effective service providers that address clients' whole health needs.
- > How do you leverage your hard work to be seen as your community's Mayo Clinic of behavioral health?



Session Objectives

- > Discuss the relevance of the concept of a behavioral health center of excellence to the provider community and behavioral health consumers.
- > Examine the definition of a behavioral health center of excellence and how it aligns with healthcare reform.
- > Explore seven key elements necessary to being seen as the Mayo Clinic of behavioral health in your community.





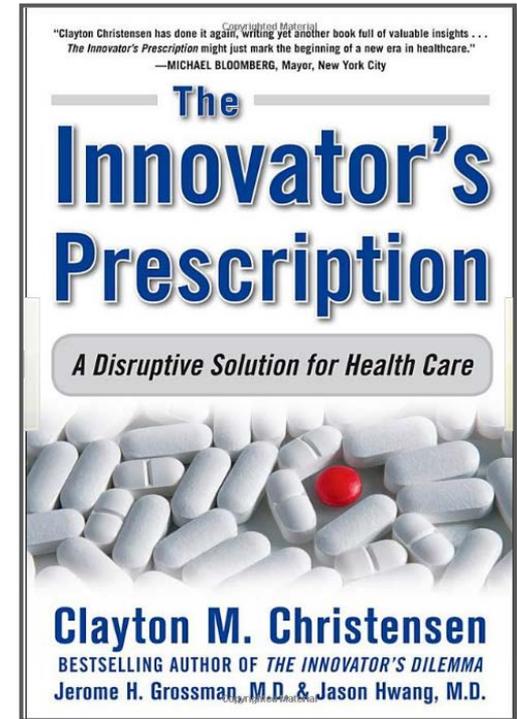
Background

- > Clayton Christensen: the first wave disruptive innovation has already started in healthcare.
- > Specialty and inpatient providers are threatened: high cost, complexity, poor outcomes, and poor customer service.
- > Legacy healthcare organizations have no more guarantee of success in the new healthcare ecosystem than,
- > Mainframe computer companies that were disrupted by minicomputer companies; or
- > Minicomputer companies that were disrupted by PC companies.

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Centers of Excellence

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- > A strategy that is reemerging among legacy healthcare organizations is to label themselves as Centers of Excellence (COEs).
- > In fact, many are simply working with their marketing departments to rebrand themselves as COEs, without careful attention to what actually constitutes a COE.
- > These healthcare organizations have it partially right.
- > They need to be seen as organizations that are characterized by good value, great outcomes, and fabulous customer service.
- > But a new marketing campaign without the beef won't work.





Purchasers are Smarter

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- > More and more large corporations are contracting with the Mayo Clinic, Cleveland Clinic and other centers of excellence to provide service for their employees, most of whom live far away from Rochester MN and Cleveland.
- > Fixed price (case rate)
- > Employers pay for travel and lodging for the patient and a companion.
- > Why are they doing this?
- > Because patients and employers know that the care they receive will solve their problems, they will receive world class customer service, and the care will be timely and cost-effective.





What does this have to do with Behavioral Health?

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- > My hypothesis is that Community Behavioral Health Organizations, as specialty providers, need to be seen as Centers of Excellence in order to survive and thrive in the new healthcare ecosystem





What is a Behavioral Health Center of Excellence?

- > We don't know yet.
- > It hasn't been defined.
- > To address this, the National Council is beginning a yearlong project to develop a definition and work with centers across the country to field test that definition.



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BH-COE = Two Things

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- > At the end of the day we think that a BH-COE will be a combination of two things:
1. Successfully implementing a philosophy throughout the organization that percolates throughout the community.
 2. Achieving a high level of performance in a number of areas.





BH-COE = Two Things

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- > The philosophy will likely be customized to each organization with a common theme of:
- > “This is a great place to work and a great place to get care.”
- > High level of performance:
 - We have developed a first draft that includes seven elements.
 - Beyond that, each organization will need to build their own road map of what’s important for their clients, staff and community.





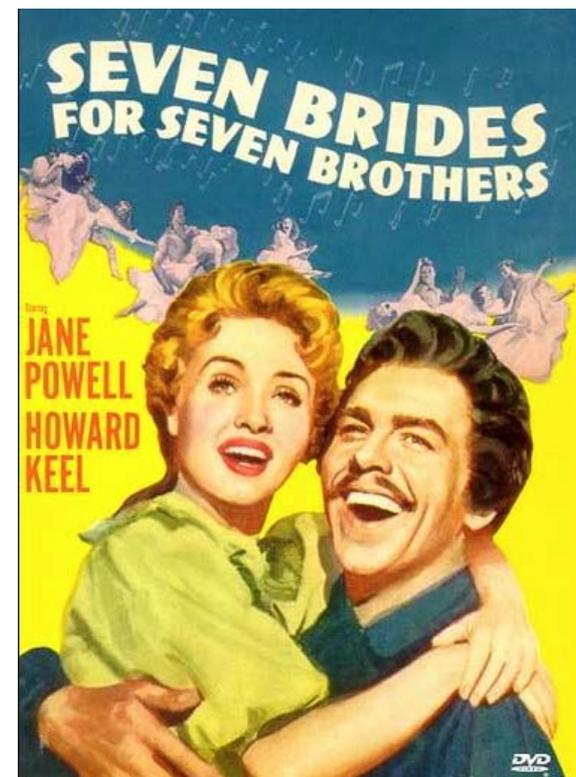
BH-COE Definition

- > *A Behavioral Health Center of Excellence (BH-COE) is an organization or program within an organization that excels at addressing the whole health of one or more identified populations and is viewed by the community as a preferred place of care.*
- > *This preference comes from providing comprehensive, whole person care that supports resiliency and recovery, provides good value, and yields excellent outcomes and high client satisfaction.*



The Seven Elements

- > Let's now look at the seven elements we've developed.
- > As I said, this is not an exhaustive list, but we believe that a community behavioral health organization will not be *viewed by the community as a preferred place of care* without getting high marks on all seven.
- > As we walk through the list, note the overlap and interdependencies between the various elements.





1. Rapid Access/Open Access

- > *“Be there when I need you.”*
- > New and continuing clients should be able to get the right care, at the right time, in the right setting, by the right provider.
- > Work processes have been reengineered to support same day/next day appointments and open access scheduling.
- > The organization effectively manages no shows and cancellations, eliminated redundant information collection, and reduced the time from first appointment to completed treatment plan.



2. Comprehensive Whole-Person/ Whole Family Care

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- > *“Provide or help me get the health care and services I need.”*
- > The services that fall under the physical or virtual roof of the organization should include all that is needed by the population being served.
- > Each person or family should have a single care plan that includes what’s needed to move toward whole health, staffed by a multi-disciplinary care team, sometimes representing staff from multiple organizations, connected by an electronic care plan or client registry.
- > Primary care is a necessarily part of the service array.
- > Because of the high prevalence of co-occurring mental health and substance use disorders, most BH-COEs should provide mental health, substance use, and co-occurring disorder treatment services.



3. Culture of Resiliency and Recovery

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- > *“Behavioral health is part of health, prevention works, treatment is effective, people recover.”*
- > A culture of resiliency and recovery is strengths-based and understands the important of building protective factors to counter risk factors that endanger our health and well-being.
- > All who work in these organizations have a belief backed by experience that downward spirals can be interrupted and reversed at any age; an understanding that trauma and loneliness are important components of MH/SU conditions; and creating community is as important to building resiliency and recovery as therapy and medication.
- > These organizations engage and empower consumers, empower staff, and employs consumers at all levels.
- > Organizations with a culture of resiliency and recovery have high success rates and low dropout rates (with a byproduct of shorter lengths of stay).



4. Outcomes-Based Care

- > *“Take responsibility for making sure I receive the best possible health care.”*
- > Treat to target, team-based care is used to achieve better outcomes.
- > This is an evidence-informed, multi-disciplinary, measurement driven, approach to using rapid cycle improvement at the client level.
- > The client, with support of their care team, identifies their care goals.
- > Outcome tools relevant to the goals are used to collect baseline information and measurable targets are set.
- > Professional and self-care plans are developed, drawing from scientific evidence about the client’s background, conditions and goals.
- > Frequent measurement is made and, if a client isn’t reaching their targets, the care plan and self-care plan are changed.



5. High Value Services

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- > *“We are accountable for both the cost and quality of care.”*
- > High value services have three characteristics:
 - 1) the services are effective in achieving individual outcomes or system-wide outcomes;
 - 2) the services are more cost-effective than alternatives that may have been selected;
 - 3) the service are “lean”, meaning that waste (excess costs) have been removed through process improvement activities.
- > The first two characteristics are related to the achievement of outcomes-based care with the addition of thinking about the cost effectiveness of the alternatives.
- > The third characteristic requires that a defined approach to quality improvement, generally lean, is being used throughout the organization.
- > Organizations that provide high value services are able to provide higher quality care at lower cost than their peers.



6. World Class Customer Service

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- > *“Kind words can be short and easy to speak, but their echoes are truly endless.”*
- > Think Nordstrom, Amazon, Starbucks, Apple, and UPS.





6. World Class Customer Service

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- > “Behavioral Health Centers of Excellence mirror these companies in four ways:
 - 1) Delivering the promise (of quality behavioral healthcare);
 - 2) Providing a personal touch;
 - 3) Going the extra mile; and
 - 4) Resolving problems well.
- > This begins at first contact, is reflected in how people are treated during their episode of care, and has a significant impact on the outcome of care.
- > These organizations have a deep customer service philosophy, employee empowerment, a focus on reducing the drivers of dissatisfaction.



7. Staff Engagement and Wellness

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- > *“People want to be part of something that’s bigger than themselves.”*
- > Organizations are able to achieve BH-COE status only because they are great places to work. They are focused on both staff engagement and wellness.
- > Staff feel that what they are doing is meaningful and they have a way of measuring their own success.
- > Their opinions count, their co-workers are committed to doing quality work, and there is someone at work who encourages their growth and development.
- > Physical and emotional wellness is prioritized through group activities and employee development.
- > Where do I sign up?



The Seven Elements

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- > **1 Rapid Access/Open Access**
 - *“Be there when I need you.”*
- > **2 Comprehensive Whole-Person/Whole Family Care**
 - *“Provide or help me get the health care and services I need.”*
- > **3 Culture of Resiliency and Recovery**
 - *“Behavioral health is part of health, prevention works, treatment is effective, people recover.”*
- > **4 Outcomes-Based Care**
 - *“Take responsibility for making sure I receive the best possible health care.”*
- > **5 High Value Services**
 - *“We are accountable for both the cost and quality of care.”*
- > **6 World Class Customer Service**
 - *“Kind words can be short and easy to speak, but their echoes are truly endless.”*
- > **7 Staff Engagement and Wellness**
 - *“People want to be part of something that’s bigger than themselves.”*



BH-COE Definition

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Questions and Comments





Transformation and the *Four B's*

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- > Beliefs
- > Behavior
- > Better
- > *Best*



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1. *Belief: What is Recovery?*

- > We believe people can, and do, recover from mental illness.
- > Appropriate and compassionate treatment for a mental health problem
- > The individual can get back to living a happy and productive life.
- > Consumers are involved in shaping their own recovery and given the chance to regain control of their lives.





2. *Behavior*: What is Your Center *doing* to transform to Recovery Focus?

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- > How do you know it's happening?
- > How do you measure it?



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3. Continuous improvement:

= Doing it *Better*

Using Outcomes to Drive

Recovery-Focused
Practice

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Development of
Recovery-focused
Outcomes

The Four Measures of
Recovery

Using Data and Reporting
To Drive Recovery
Transformation



*And tools of
Quality/Process
Improvement!*



Access & Intake Process

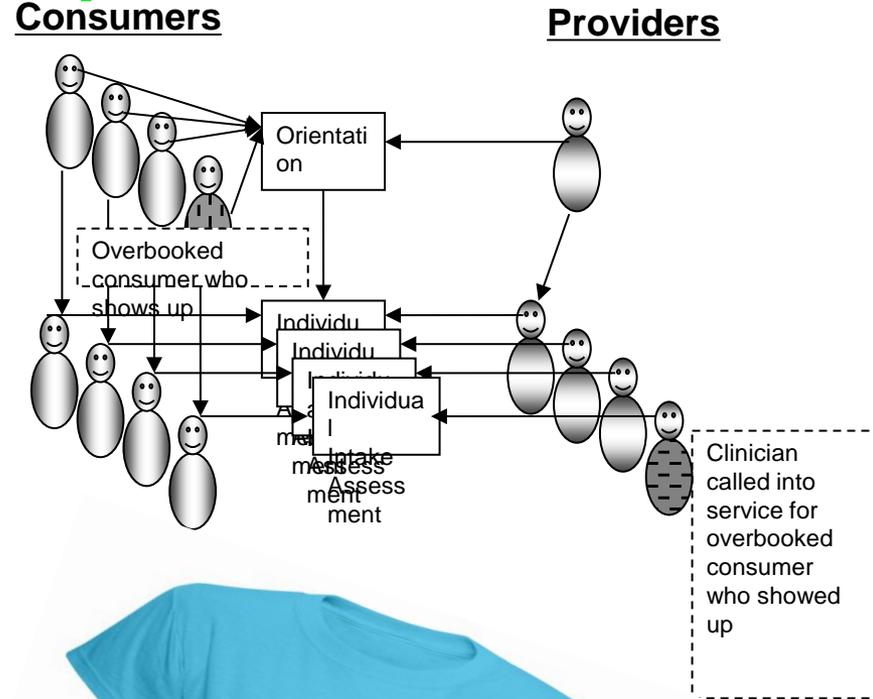
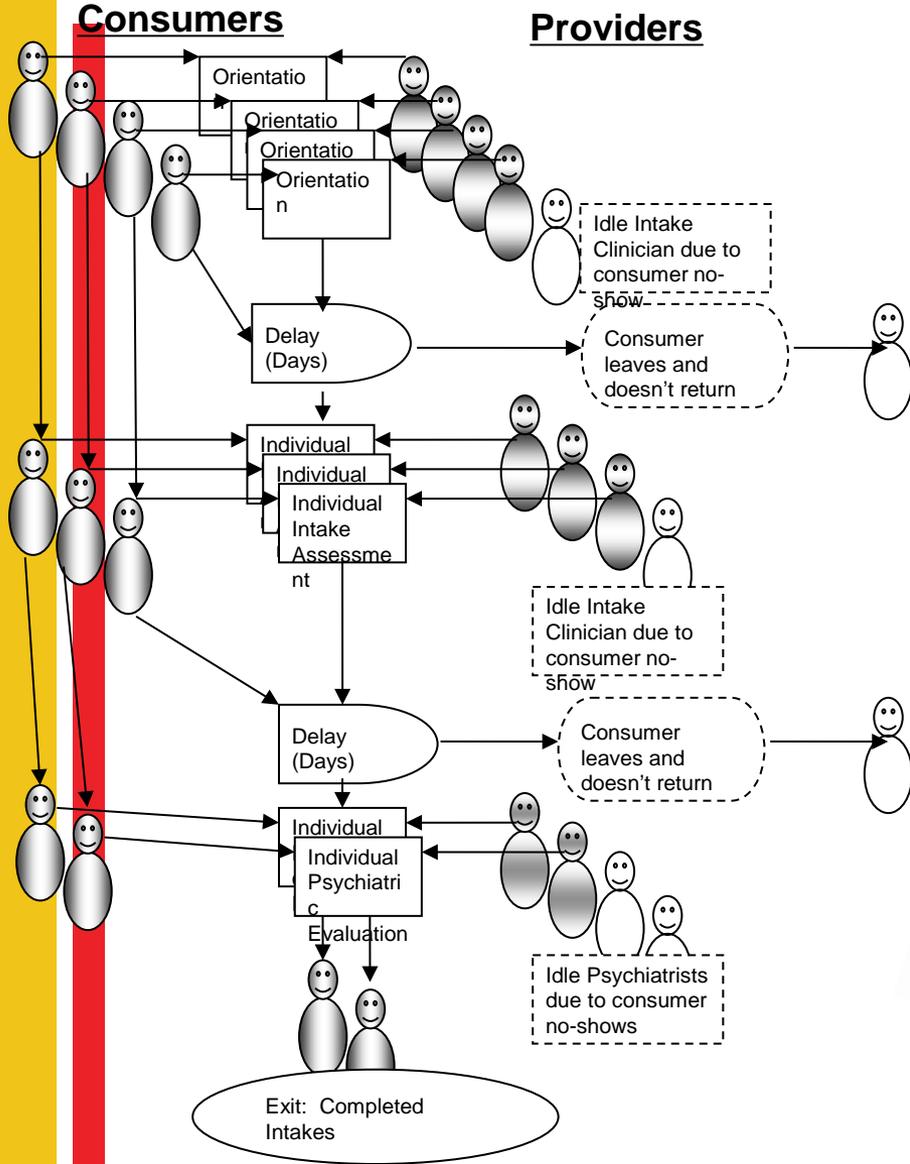
Before and After

Lean Process Improvement

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**27%
More
Intakes!**



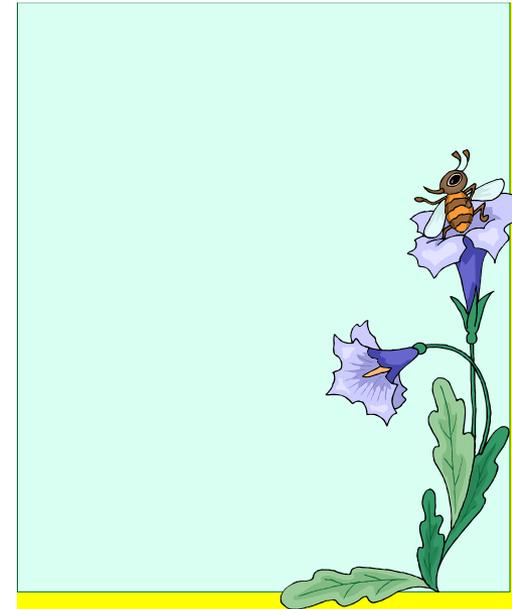
The Fourth *B*

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- > We intentionally bring out the *BEST* in ourselves and others



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Implementing and Sustaining Our Wellness Culture

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What are my natural strengths?
Strengths Finder

Putting my strengths to work:
Catalytic Coaching

Engaging Everyone!

Measuring Results:
**Staff Engagement
Staff Satisfaction
Consumer Metrics**

Beliefs

Behavior

Best!

Better



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