

Harborview Leadership Group Behavioral Health Follow Up

JUNE 26, 2019

Recap of May 22, 2019 Behavioral Health Subcommittee Presentation

- “Behavioral health disorders” is an umbrella term for both mental health and substance use disorders, such as depression, schizophrenia, alcohol use disorder, and opiate use disorder.
- There is currently a need for more space on the medical center campus to meet the increasing demand for responses to behavioral health conditions:
 - Unmet needs along the behavioral health continuum potentially lead to involuntary treatment and overuse of the criminal legal system
 - Dozens of people wait in the Psychiatric Emergency Service (PES) and Emergency Department (ED) for psychiatric services

Behavioral Health Subcommittee Options Overview

The Subcommittee considered seven program areas which would have significant improvements to the Behavioral Health system.

- **Option 1:** No Change/Existing Buildings
- **Option 2:** Facilities for New/Expanded Programs
 - 3 prioritized program options
- **Option 3:** Facilities for Additional Programs
 - The remaining 4 programs

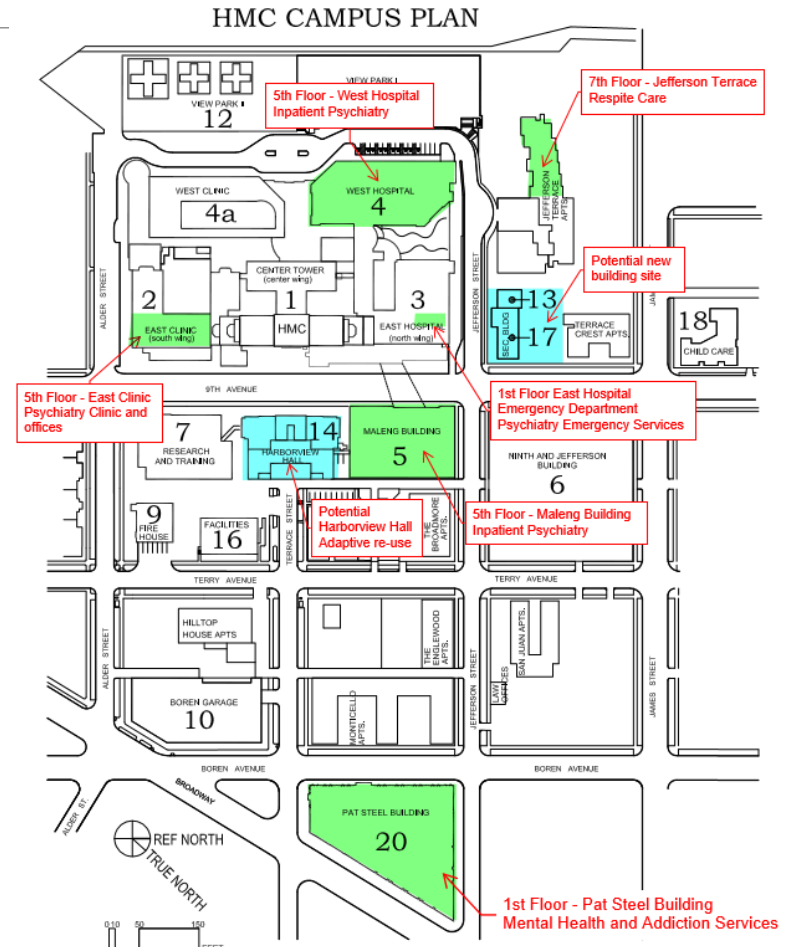
.... Or any combination of the seven programs

Behavioral Health Program Options Overview

- Prioritized Program Options
 1. Crisis Stabilization Unit
 2. Partial Hospital
 3. Outpatient Clinics
- Additional Programs
 1. Forensic Inpatient Unit
 2. Evidence-Based Practice Training Center
 3. Sobering Center
 4. Telepsychiatry

1. Description of existing outpatient and inpatient Behavioral Health services on the HMC campus.

- There are 15 behavioral health outpatient and inpatient programs and services across the Harborview Campus.
- Additional detailed information and descriptions for each service and its location are provided in the handout.



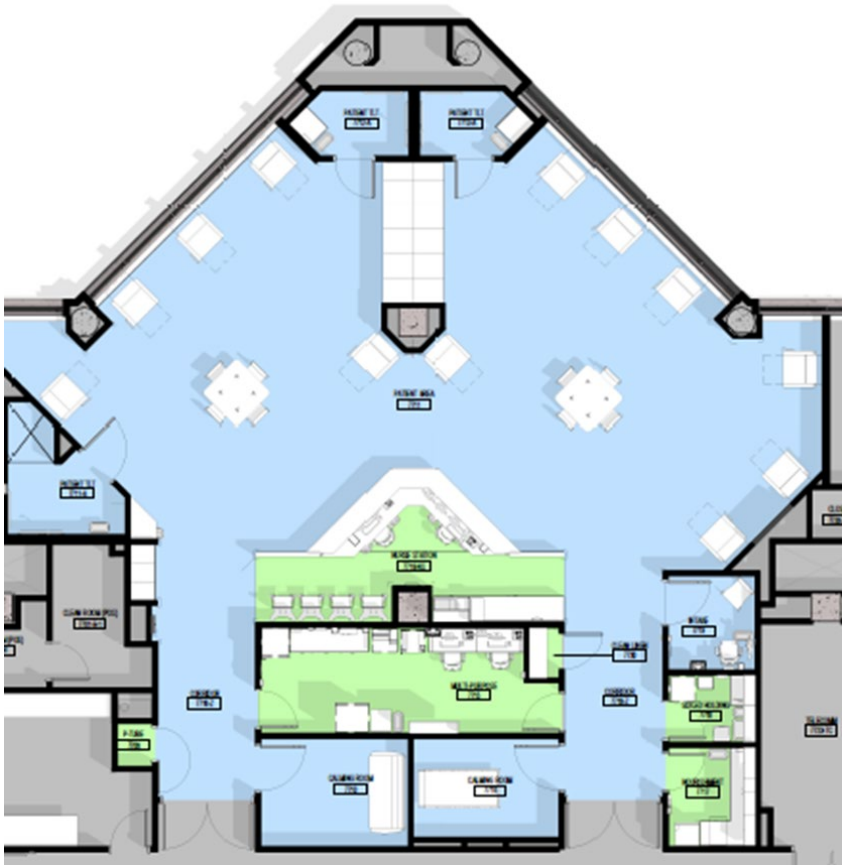
2. What are the components of the BHI and how will they address the proposals presented?

- HMC has a number of BH related services and programs, but not all fall under the BHI.
- The BHI is envisioned to include four program areas:
 1. First Episode Psychosis Program
 2. Urgent Care Walk In/Crisis Stabilization
 3. Telepsychiatry
 4. Evidence Based Training
- Other BH related programs could potentially be integrated into the BHI.

3 . Where are other examples of Partial Hospital (PHP) Programs located?

- A partial hospital is not a hospital; it is a day program and no one stays overnight.
- PHP space often looks like clinic space (with perhaps more classroom/group space).
- Currently PHP Units in King County are located at:
 - Fairfax Behavioral Health
 - Overlake Medical Center
 - Northwest Medical Center
 - Cascade Behavioral Health

4. What kind of space is required for an emPATH unit?



- 80 square feet per person is recommended
- Currently there are emPATH units operating in
 - Billings, Montana
 - Alameda, California
 - University Iowa
- Average length of stay is around 16 hours

5. What is the relationship between Housing and Behavioral Health Options?

- People with stable housing experience better treatment outcomes.
- “Layer cake” is a term of art used to describe a multi-use facility that could co-locate levels of services, including behavioral health services, along with housing.
- There is a “layer cake” facility in Portland, OR.
- The topic of housing and behavioral health co-location will be addressed by the Leadership Group as options developed are prioritized.

Criteria Matrix: Behavioral Health

	No Change/Existing Buildings	Prioritized Programs	Additional Programs
Area 1: People Impact			
Mission Population			
Patients and clients			
Labor and employees			
Neighbors and community			
Area 2: Service/Operational Impact			
Delivery of emergency services			
Addresses facility deficiencies and needs			
Supports innovation, best practices, and/or new models of care			
Area 3: Equity and Social Justice			
Service models that promote equity			
Influenced by community priorities			
Addresses Determinants of Equity			
Access to healthcare and improved health outcomes			
Area 4: Fiscal/Financial Impact			
The long-term financial position of Harborview and King County			
Existing facilities			
Opportunities for other funding			



Meets
Does not meet



Not Applicable

Subcommittee Members

- Maria Yang, King County (Convener)
- Kera Dennis, Harborview
- Brigitte Folz, Harborview
- Lan Nguyen, King County
- Craig Jaffe, Harborview/King County
- Leslie Harper-Miles, King County
- Jim Vollendroff, Harborview/UW
- Maggie Hostnick, DESC
- Kathleen Murphy, King County
- Nancy Dow, Harborview
- Kelli Carroll, King County
- Sam Porter, King County
- Kelli Nomura, King County
- Ted Klainer, Harborview

Harborview Leadership Group Housing Subcommittee Follow Up

JUNE 26, 2019

Recap of March 24 Housing Presentation

- Need for Respite care far outpaces supply
 - Medical: Currently 35 units shared by multiple hospitals, homeless only
 - Behavioral Health: Currently 20 units
 - Both facilities located in downtown Seattle
- Homeless population growing generating need for Affordable Housing, Permanent Supportive Housing and Shelter
- Due to cost of housing in Seattle, many people working in the area are unable to afford to live nearby HMC

Overview of Housing-Related Options

- Respite
 - *Shelter with medical or clinical support; time limited*
- Permanent Supportive Housing
 - *Non-time limited affordable housing with long-term high level of services, for households coming out of homelessness and with disabilities or conditions that create barriers to housing stability*
- Workforce/ Affordable Housing
 - *Non-time limited housing for households with total income less than a particular percentage of area median income (AMI)*
- Shelter
 - *Temporary overnight shelter*

Housing: Potential Options

- Option #1: No change
- Option #2: Increase Respite Capacity
 - (Behavioral Health and Medical)
- Option #3: Increase Permanent Supportive Housing
 - (Behavioral Health and Medical)
- Option #4: Increase Workforce/ Affordable Housing
- Option #5: Increase Shelter

....Or some combination of these increases

1. What is the cost of respite beds?

*Respite care provides **short term** housing for homeless or unstably housed individuals who need **acute and/or post-acute medical care** and who are too ill or frail to recover from a physical illness or injury on the streets but who are not ill enough to justify hospitalization*

- Jefferson Terrace Medical Respite cost = ~\$400/ night or \$12,000/month
- Costs include of nursing, pharmacy, care management and 24/7 Security Staff.
- Examples of medical care include: complicated wound care, antibiotic administration, cancer treatment, post operative care, burn care, and other medical care.

2. How does respite affect patient flow in the hospital?

- Provides discharge alternative for homeless patients
- Allows Harborview to serve more people by enabling discharge for homeless patients who would otherwise remain in an acute care bed without a medical need require that level of care.
- Ability to serve more patients currently turned away today due to hospital bed unavailability
- Average length of stay in respite beds: 22 days

3. a. How many cost-burdened employees are at HMC?

b. Where did the figures come from?

- a. A refined estimate is under development, though not yet vetted.
- b. The estimate of HMC employees eligible for affordable housing based on average median income (AMI) provided in April was based on data provided by one union representing some, but not all, workers at HMC. A wide range was identified in April due to unavailable information regarding average household size.

4. Does a workforce housing option for HMC campus intersect with other agencies focused on workforce housing?

- Seattle Housing Authority (SHA) is leading the efforts to redevelop Yesler Terrace, which will have approximately 4,000 new housing units.
- Of these, 2,000 will be market rate and 1,100 will be for households earning between 60% and 80% of Area Median Income (2 Person household \$51,00 - \$69,000; 4 person \$64,000 to \$86,000).
- Considering its proximate location, Harborview could explore a partnership with SHA (and its development partners) to provide access to vacant units (new and at turnover) to qualifying Harborview employees.

5. Which of the housing options offered in April best integrates with the BH Institute?

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- The Behavioral Health Institute (BHI) at HMC consists of four programs addressing gaps behavioral health services. The BHI programs focus on:
 - improving care for youth and young adults with early psychosis
 - expanding telepsychiatry for the region
 - strengthening crisis intervention services
 - providing evidence based practice research and training
 - Respite housing with behavioral health services for behavior management and therapies to improve activities of daily living could be supported by the expertise of the BHI
 - Respite housing could provide discharge options and help prevent psychiatric boarding in Emergency Departments.

6. a. Which housing options align with primary care/behavioral health (e.g. layer cake)?

a. A Respite Care facility could include the following functions:

- Single building with different levels of care (see diagram on next slide)
- Ability to “step up” or “step down” from other programs, facilities, or within the facility
- Consistent with regional shift toward integration of behavioral health and medical care

6. b. What could an integrated Housing and Care Facility Scenario Look Like?

SAMPLE LAYERCAKE SCENARIO

6 Story Respite and Permanent Supporting Housing Facility Scenario		
6th Floor	Permanent Supportive Housing	15 Studio Units
5th Floor	Respite Care Medical	15 Studio Units
4th Floor	Respite Care Medical	15 Studio Units
3rd Floor	Respite Care Mental Health	12 Studio Units
2nd Floor	Respite Care Daily	15 Studio Units
1st Floor	Small Primary Care and Mental Health Clinic	3 - 6 Exam Rooms

***Services include:
Nursing,
Pharmacy,
Care
Management
& 24/7
Security Staff***

Criteria Matrix: Housing

	1. No Change	2. Respite	3. PSH	4. Workforce Housing	5. Shelter
Area 1: People Impact					
Mission Population					
Patients and clients					
Labor and employees					
Neighbors and community					
Area 2: Service/Operational Impact					
Delivery of emergency services					
Addresses facility deficiencies and needs					
Supports innovation, best practices, and/or new models of care					
Area 3: Equity and Social Justice					
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The long-term financial position of Harborview and King County					
Existing facilities					
Opportunities for other funding					
	Meets	Not Applicable			
	Does not meet				

Subcommittee Members

- Sid Bender, KC PSB
- Brook Buettner, KC Community and Human Services
- Kera Dennis, Harborview Medical Center
- Mark Ellerbrook, KC Community and Human Services
- Gregory Francis, Harborview Leadership Group
- Cristina Gonzalez, King County Facilities Management
- Patrick Hamacher, King County Council
- Ted Klainer, Harborview Medical Center
- Kelli Larson, Plymouth Housing
- Kristina Logsdon, King County Council
- Daniel Malone, DESC
- Xochitl Maykovich, Washington Community Action Network
- Leslie Miles, Project Manager
- Rod Palmquist, Washington Federation of State Employees