

## Behavioral Health: Innovation to Decreasing the Need for Hospitalization

Joseph Campbell and Ryan Garrison

### **Abstract**

With the rising cost of healthcare, service providers are being challenged by the Centers for Medicare and Medicaid and other insurance providers to provide quality services that meet the needs of individuals and decrease rates of hospitalizations. Woods Services in Langhorne, Pennsylvania is introducing a behavioral health treatment models that serves individuals in outpatient clinics and in their homes, as needed, to avoid repeated hospitalizations.

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In Pennsylvania and throughout the United States, there are a number of issues that are affecting the health and wellness of individuals with significant behavioral, mental or physical health challenges. While many of these individuals are served in very restrictive hospital or nursing facilities, more humane and often more affordable approaches would include finding ways to serve these individuals in community based living arrangements with appropriate supports. However, there are not enough of these community based homes available to meet individuals' and there is a lack of programs to support the complex needs of these individuals. (Thomas, Ellis, Konrad, Holzer, and Morrissey 2009, 1323-28)

Young adults who no longer qualify for important school based and wrap around physical and behavioral health supports may be inadequately served after graduating from school. For young adults unable to live independently, housing options may be limited to living with family members, living with others who are not their family, i.e. group homes, or end up in and out of much more intensive (and potentially traumatizing) services such as ER, psychiatric inpatient, or nursing homes. (Liz Hayden, email message to author, March 2, 2021)

Along with the lack of appropriate housing and programs are the expectations by governmental insurance program, e.g. The Centers for Medicare and Medicaid Services (CMS), and other health insurance companies, for healthcare providers to reduce the cost of care. To do this, healthcare providers are challenged to reduce the rates of hospitalization and to provide

higher quality care vs. more quantity of care. (CMS, n.d.) The process known as Value Based Payments is based on a practice of not counting billing units but instead documenting the value of services provided. This new accountability model relies on providers working with MCOs to identify targeted outcomes, and then collecting data to document progress towards or achievement of those outcomes.

Woods Services in Langhorne, Pennsylvania, is working with Managed Care Organizations (MCOs) to meet the needs of these young adults by providing a range of behavioral health supports via outpatient and in-home services. This new option could be the “just right” approach that would greatly benefit individuals and their families, as well as reduce healthcare costs to MCOs by reducing the need for more intensive and expensive, forms of care.

Reducing hospitalization rates is not only important to curtailing the expense of healthcare but also to meeting human rights of individuals with significant behavioral, mental or physical health challenges. For some community-based programs, the need for repeated hospitalizations can be a red flag to admissions offices and might result in individuals being rejected by programs for which they could otherwise be a good fit. It might be reasonable for programs to consider individuals with frequent hospitalizations “high risks” relative to staffing needs, loss of revenue as beds need to be held and may not be able to be filled while individuals are hospitalized, and most importantly, hospitalization can be very disruptive to the lives and routines of individuals. Frequent hospitalizations also pose a significant financial burden to managed care organizations (MCOs) and federal and state health insurance systems.

The CMS and their MCOs, which ultimately are the gatekeepers between service receivers and service providers, have outlined a number of initiatives aimed towards holding service providers responsible for helping individuals achieve established outcomes and to help individuals avoid the need for more expensive service provision, maintain community living and to transition to less intensive levels of care. For many individuals, the CMS initiatives would help bring mental, behavioral and physical health services to recipients through outpatient and home health delivery models.

MCOs and healthcare providers should see these initiatives as opportunities for greater collaboration and communication between the insurance providers and the service providers. Service provider organizations should try to schedule regular meetings with MCOs staff during

which providers can report on outcomes, discuss program development and discuss joint concerns. Within these discussions, MCOs might identify gaps in services that could lead to providers developing new business models to provide care to underserved populations.

Woods Services recently used their communications with MCOs to jointly identify the need for developing programs that treat individuals with acute and chronic mental and behavioral health needs in their communities rather than in hospitals. In essence, to use our expertise in behavioral evaluation and programming, and residential services to treat people in community based homes; in some cases, even developing community based living to the needs of individuals. What is developing from this collaboration is a mobile mental health program for with young adults with Intellectual Disability comorbid with Autism or other Mental Health diagnosis and accompanying symptoms. The philosophy and approach to providing treatment is strength-based programming focused on autonomy and self-determination. The individuals targeted for this program are not likely to be served well in traditional outpatient clinics. Receiving services by the mobile mental health professionals, in their homes or in outpatient clinics, will hopefully divert these individuals from more intensive and restrictive levels of care, e.g. inpatient hospitalization and transition these individuals to less intensive levels of care and support, such as Mobile Psychiatric Rehabilitation, Mental Health Outpatient services, and/or independent living. As long as individuals do not pose an imminent danger to self or to others, these types of services may very well be the least restrictive to meet their needs.

The program that is being developed is consistent with behavioral health program that has long been promoted and practiced in Woods Services' programs. All staff would be training in de-escalation and crisis intervention training and in the restraint avoidance program, Ukeru. Ukeru is a nationally recognized program and evidence-based approach that is proven to reduce rates of physical restraints and to reduce the rates of physically aggressive and self-injurious incidents that might have necessitated restraints. The main tenants of Ukeru is Trauma Informed Care, Resilience, Communication, Comfort vs Control, and Restraint Avoidance. (Ukeru Systems, n.d.) Staff are trained to recognize that behavioral outbursts may often be manifestations of past traumatic experience and how to not contribute to the crisis but to instead, provide comfort to individuals throughout the crisis events.

Communication between treatment team members is another important component of the program that Woods is creating. The design of the program will ensure that an individual's treatment team has been trained to the extent that they are able to cohesively deliver treatment, and coach direct support staff in therapeutic approaches, thus maximizing cohesive, well-coordinated care based on evidence based treatment approaches. The clinical plan of services relies heavily on Cognitive Behavior Therapy, Person-centered Planning and behavior analytic skills to assist individuals in identifying "Everyday Lives" goals, and in maintaining the emotional stability necessary to achieve them. These skills will allow in-environment skill building while individuals progress toward their potential for greater independence.

To help individuals achieve their goals, this new program will employ treatment strategies based on the unique strengths, needs and history of individuals. With the identification of personalized Integrated Recovery Plan goals, individuals receiving this service will participate in Psychiatric and Therapeutic services according to their level of need. Services could be provided in an outpatient clinic, which would be preferred. However, to meet the needs of some individuals, additional services may need to push in to individuals' homes.

This outpatient and in-home program is consistent with CMS' and other insurance providers' demand for high quality services that help to curtail the cost of providing mental health services to individuals. Important component of ensuring quality care include establishing meaningful targeted outcomes, and collecting analyzing data. Data used to measure individual and program outcomes will be incorporated into the health record, preferably on an electronic platform. For elements that cannot be included in that system, the program will establish a database so that staff can enter data, analyze and report trends, and generate summary reports to be utilized in CQI efforts and shared with funders as required. In their program analysis, CQI will be responsible for incorporating fidelity to adherence of evidence-based practices and that program staff maintain required certifications and attend mandated continuing education.

The creation of a mental health and behavioral outpatient and in home therapy program will offer a clear alternative to current practices in community based mental health that relies on hospitalization and law enforcement to address behavioral crises. With the "just right" in-home supports, outpatient mental health service and collaboration between treatment team members, we can reduce the cost of providing care to individuals and work to maintain community tenure

for individuals struggling with mental health challenges. This is what funders and families are demanding and it is what individuals deserve.

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## Bios

Joseph E. Campbell, MEd, OTR/L, CBIS – Director of Allied Health. Mr. Campbell has been an occupational therapist for 27 years. In 2018, he was appointed Director of Allied Health, a position in which he is responsible to obtaining therapy and other healthcare services to children and adults with developmental, behavioral, and acquired disabilities.

Ryan J. Garrison, M.S., NCC, LPC – Vice President of Admissions and Client Experience. Mr. Garrison has worked in Woods’ Admissions Department since 1996 when he started as an Admissions Counselor. He was appointed Vice President of the Department in 2018. Mr. Garrison is responsible for developing and implementing a referral development and admissions strategy for Woods’ residential, school and vocational programs. He is a Licensed Professional Counselor and has extensive clinical experience in private practice providing individual, family, and relationship-based counseling for adolescents and adults.