D3

The Intersection of Diagnosis, Dignity and Design for Mental and Behavioral Health Communities in Crisis

White Paper Final Stages…..D3 will be available Fall 2022 at www.bhfcllc.com

BEHAVIORAL HEALTH THOUGHT LEADERS

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……designing with passion and emphasis toward safe, therapeutic and restorative care environments...

The Intersection of Diagnosis, Dignity and Design for Mental and Behavioral Health…………..Translating into Safe, Therapeutic and Restorative Environments of Care.

D3 - Diagnosis, Dignity and Design

Troubling Trend in Q2's Data per ***Addiction Treatment Benchmark Data*** *– alarming increase in EMS transports for suicide ideation and attempts across all 48 US states with a corresponding rise in online search correlations around "depression" and "drugs".*

Our communities are in "crisis"…..

Why This Work is Important

- 20% of U.S. population meets diagnostic criteria for a mental illness each year
    - Likely underreported and closer to 25%+
    - 30% for first responders (Abbot, 2015)
    - 2016 – 44.7 million with MH diagnosis
    - Depression is leading cause of disability ages 15-44

- Over 20 million adults met SUD criteria

Behavioral Health Impacts Us All:

Annual Impact when UNTREATED:

- ~ 216,000 (~50%) homeless U.S. adults with SMI
- ~ 400,000 U.S. adults in jails or prisons
- ~ 10% homicides committed by adults with SMI

(National Institute of Mental Health, 2010)

Behavioral Health Impacts Us All:

Annual Impact when UNTREATED:

- > 25% victims of violent crime in past 12 months

  (Teplin, et. al., 2005)

- ~ 47,000 died by suicide in U.S.

  (SAMHSA, 2017)

- 20 veterans die by suicide each day

  (Department of Veterans Affairs, 2019)

Traditional Crisis Response

- Call 911
- EMS or Police respond
- Transport to Emergency Department or Jail
    - Long Wait Times
- Inpatient Psych Care or Community

Ideal Crisis Response

- Call 988
  - *80% resolved (***100 → 20)**
- Mobile Crisis Teams respond
  - *70% resolved (***20 → 6)**
- Transport to Crisis Center
  - Little to No Wait Time

988 Roll-out

- *988 will launch July 2022*
- Without an effective crisis system, 988 will create:
    - Increased demand on emergency departments
    - Worsen existing problems like jail admissions and psychiatric boarding

Crisis Centers

"Short-term and stabilization services
in a home-like, non-hospital environment"

(SAMHSA, 2020)

- Two Primary Components:
    - Temporary Observation Unit
        - **< 24-hour stabilization**
    - Extended Observation Unit
        - **5 – 7 day stabilization**

Crisis Centers

- **Key Features**
  - 24/7/365 Operation
  - “No Wrong Door” Access

    First Responder Priority
  - Warm Hand-off
  - Level of Care Assessment
  - Discharge Planning at Admission
  - Community Collaboration

Temporary Observation

- **Key Functions**
  - Assessment & Stabilization
  - Determination Appropriate Level of Care
  - Psychiatric Eval (Risk & Meds)
    - Psychiatrist or Psychiatric Nurse Practitioner
  - Brief medical screening
    - Registered nurse
  - SUD Screening and Psychosocial
    - Licensed clinician
  - Discharge Planning
    - Bachelor’s level clinician

Extended Observation

- **Key Functions**
  - Assessment
  - Diagnosis
  - Observation and engagement
  - Individual and group therapy
  - Skills training
  - Prescribing and monitoring of psychotropic medication
  - Referral and linkage to community resources

Important to Note

- Mental Health / Substance Use Specific
- Exclusionary Criteria
- Medical Clearance
- Must include Community Collaborative

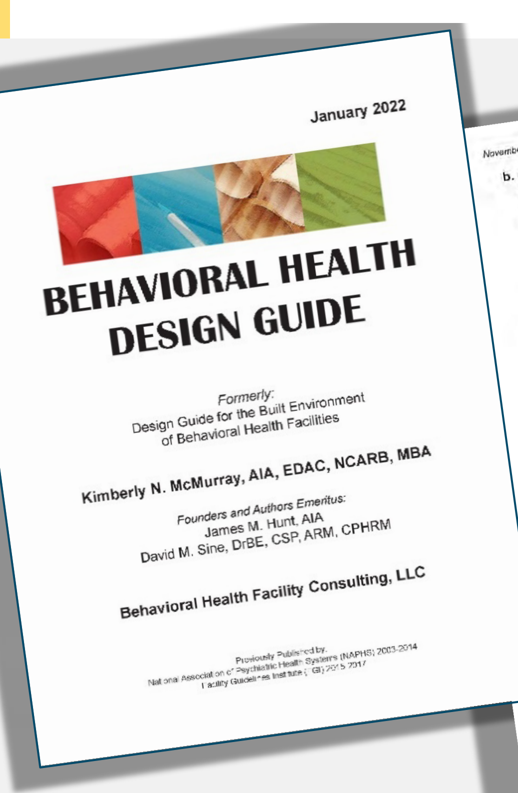
A Tale of Two Systems

D3 - Diagnosis, Dignity and Design

The Intersection of Diagnosis, Dignity and Design for Mental and Behavioral Health

Translating into ***Safe****,* ***Therapeutic*** *and* ***Restorative*** *Environments of Care.*

Behavioral Health Design Guide



January 2022

BEHAVIORAL HEALTH DESIGN GUIDE

Formerly: Design Guide for the Built Environment of Behavioral Health Facilities

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Previously Published by:
National Association of Psychiatric Health Systems (NAPHS) 2003-2014
Facility Guidelines Institute (FGI) 2015-2017

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b. **Door Hardware** – Hardware on doors that connect to a higher Level of Risk shall have hardware suitable for the higher level of risk.

i. **Double-Acting Continuous Hinges**[113] are preferred and can be used on patient room-to-corridor doors to counteract barricading without the hazard presented by pivot hinges. These continuous hinges can be paired with full-height emergency stops[115] that lock in place and can be easily unlocked to allow the door to swing into the corridor.

ii. **Geared-Type Single-Acting Continuous Hinges**[111] are a solution for retrofit frame conditions at doors patients will pass through and normally locked doors that have hinges exposed in patient accessible areas because they minimize possible attachment points. These hinges are available from various manufacturers with a "hospital tip" (factory installed closed-sloped top) and continuous gears that resist ligature attachment.[111] Field cutting the top of hinges to create this slope is strongly discouraged because that often exposes voids that may be used as ligature attachment points.

Geared continuous hinges do provide significant pinch points between the two leaves of the hinge when the door is closed. If this is not an acceptable risk to an organization, double acting continuous hinges that do not have this pinch point[113] can be provided.

iii. **Wicket Doors**[44] use single acting continuous hinges with hospital tips for the main door and the center portion is mounted on a continuous hinge with hospital tip (or concealed) hinge and secured with a deadbolt lock that has no visible hardware on the room side of the door. Care should be taken with the detail of the edge of the smaller panel so that a crack is not provided that can be seen through and is smoke tight if required.

iv. **Unequal Pair of Double Egress Doors** - both doors may be mounted on single acting continuous geared hinges with hospital tips. The lock-set can be the same as any other single-acting door. If the mullion is not provided, a deadlock with concealed bolts that engage the head of the door frame (and possibly the floor) is needed for the smaller inactive leaf. This deadlock is similar to item #143b except that it is preferred to not

#113a #111f #44b #25b

This document is intended to represent leading current practices, in the opinion of the authors. It does not represent minimum acceptable conditions or establish a legal "standard of care" that facilities are required to follow.

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have any visible hardware on the room side of the door. If the mullion is provided, a deadbolt that does not have any exposed hardware on the inside can be used to secure the door into the mullion.

v. **Closers** – See Level II

vi. **Lock-sets** – Use of some type of ligature-resistant lock-set is recommended for all door handles in patient-accessible areas. A lock-set handle can be used for ligature attachment in three ways: pulling down, pulling up and over the top of the door, and tying something around the latch edge of the door using both the inside and outside handles (transverse). The latchbolt itself has even been used successfully as an attachment point and some companies offer a tapered bolt to help with this. The downside to the tapered bolt is that it makes it easier to open a locked door by using a small piece of cardboard or other item. Also, the opening behind the strike plate can be a ligature attachment point; for this reason, a box should always be provided behind the strike plate. In our opinion, the perfect solution for this dilemma does not exist at this time. Several of the better options are discussed below.

- Lock-sets with a Lever Handle[130] – These effectively reduce the level of risk of up and down pressure but are susceptible to transverse attachment. The lever should move freely in both directions when locked to reduce ligature attachment risks. This type of handle is more typical (less institutional) in appearance and operation than other choices. Both of these qualities are very desirable in items that patients will touch and use on a regular basis. However, lever handles may be susceptible to transverse attachment as mentioned above.
- Crescent Handle Lockset[136] – This type of lock-set has a lever handle and thumb turn that are ligature-resistant and may meet ADA requirements. It is available with a handle that can be mounted in either horizontal or vertical position and allows the user's hand to easily slip off the free end.
- Push/Pull Hardware – This type of door handle is available with a flush push pad on one side and a ligature-resistant pull handle on the other.[137a]

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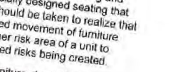

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01 00 00 – General

01 00 01 – Trash Receptacle Liner

1a. Trash receptacle liner – paper
Sani-liner®
Wisconsin Converting
Green Bay, WI
920-593-8297
www.wisconsinconverting.com

1c. Trash receptacle liner – paper
Psych-Select-Bag™
Dano Group
Stamford, CT
800-348-3266
www.danoinc.com

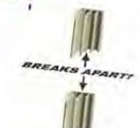
07 00 00 – Thermal and Moisture Protection

07 92 00 – Joint Sealants

10a. Sound and Smoke Seals – Breakaway
Cush'N'Seal w/breakaway anti-ligature option
Door and Hardware Systems, Inc.
Rochester, NY
585-235-8543
www.dhsi-seal.com

10b. Sound and smoke seals – breakaway
Ligature-resistant Zag option
Zero International – Allegion
Indianapolis, IN
877-671-7011
www.zerointernational.com

#1a #1c



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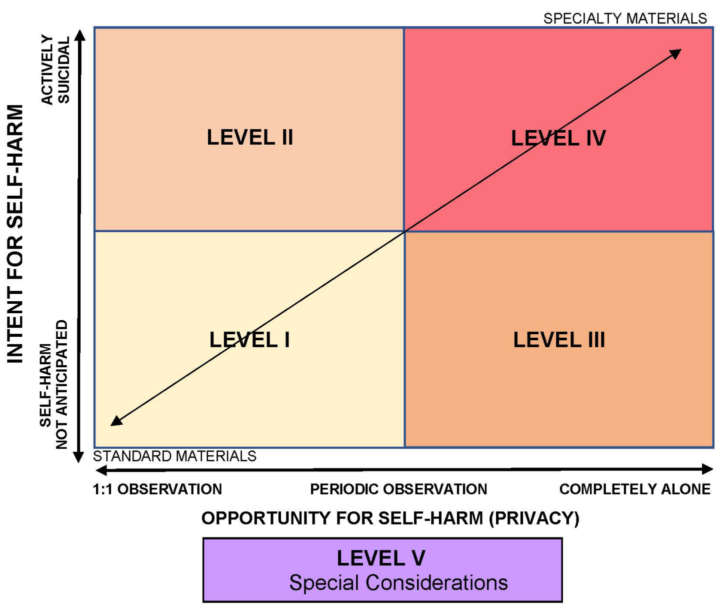
Client and Staff Safety



***Source:** Behavioral Health Design Guide, January 2022*

Environmental Safety Risk Assessment

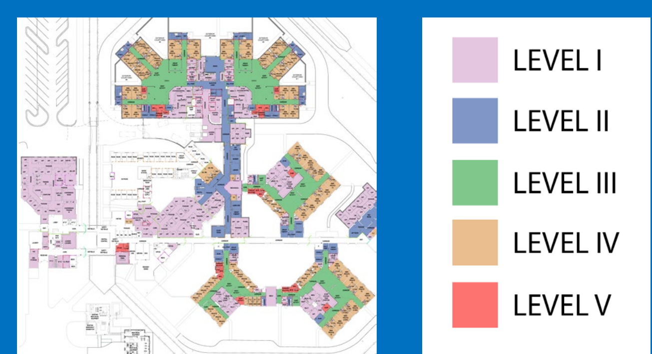
***Level I**: Areas where patients are not allowed.*

***Level II:** Areas behind self-closing and self-locking doors where patients are highly supervised and not left alone, such as counseling rooms, activity rooms, interview rooms, group rooms as well as corridors that do not contain objects that patients can use for climbing and where staff are regularly present.*

***Level III**: Areas that are not behind self-closing and self-locking doors where patients may spend time with minimal supervision, such as lounges, day rooms and corridors where staff are not regularly present. Open nurse stations should be considered under this Level*

***Level IV**: Areas where patients spend a great deal of time alone with minimal or no supervision, such as patient rooms (semi-private and private) and patient toilets.*

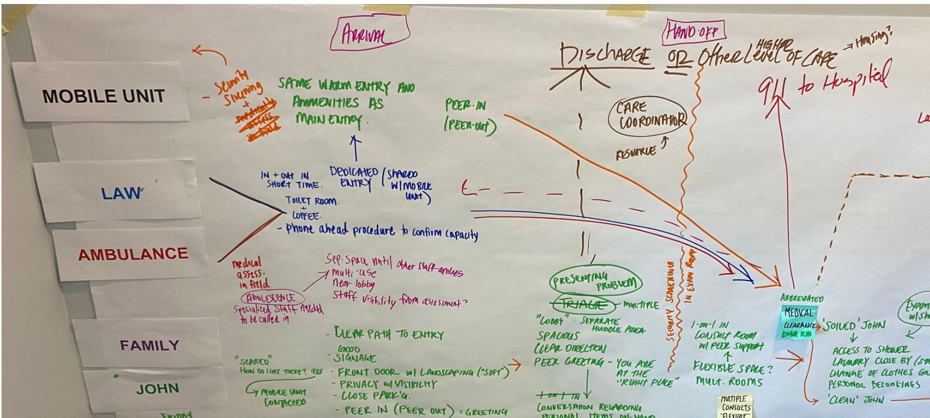
***Level V:** Areas where staff interact with newly admitted patients who present potential unknown risks or where patients may be in highly agitated condition. Due to these conditions, these areas fall outside the parameters of the risk map and require special considerations for patient (and staff) safety. Such areas include seclusion rooms and admission rooms.*

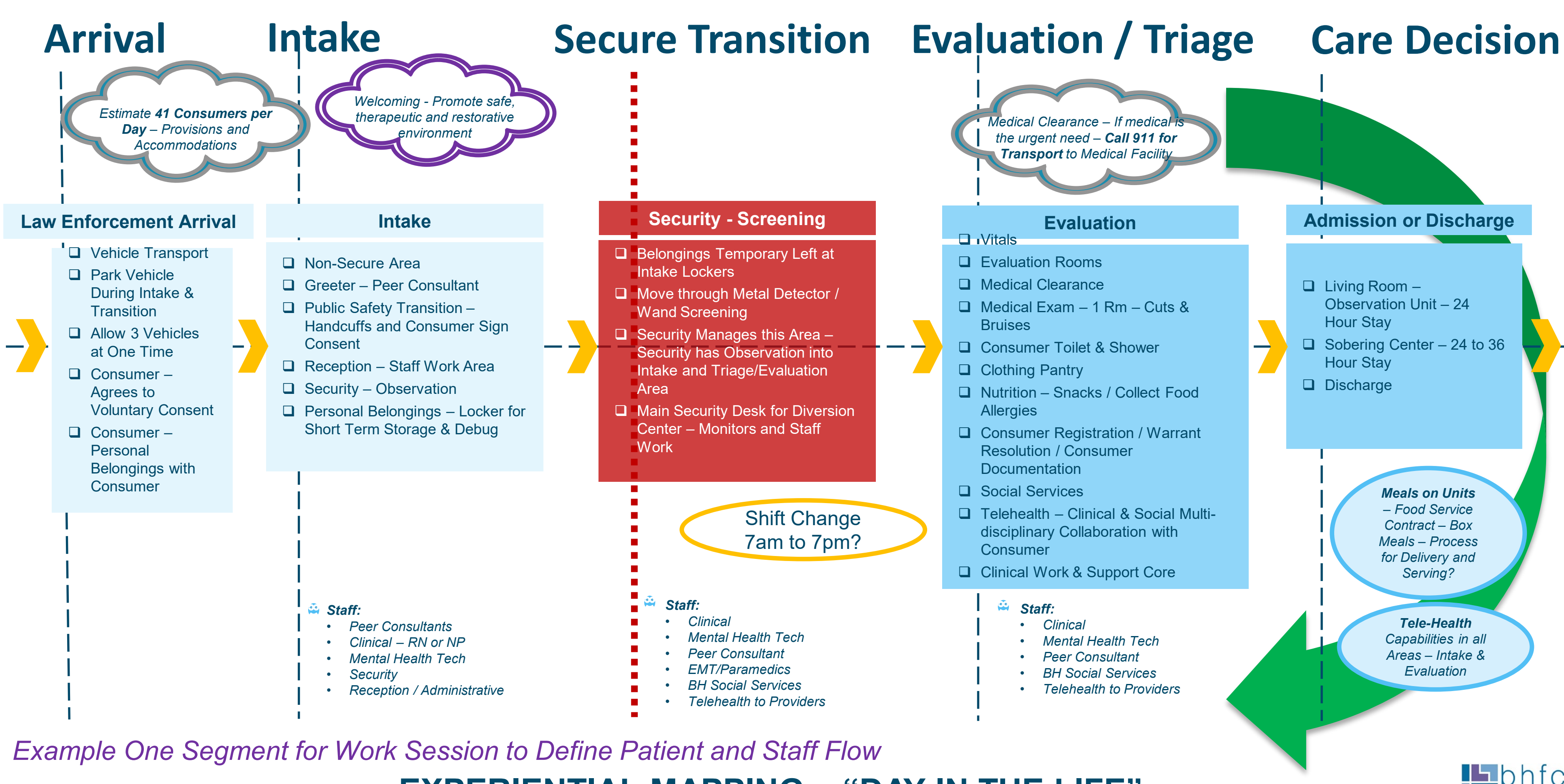


Resource: Alabama Department of Mental Health

Day in the Life….

Experiential Journey Mapping – Client, Staff, Service





Crisis Diversion Center – Arrival Sequence through Admission into Unit or Discharge
Arrival
Intake
Secure Transition
Evaluation / Triage
Care Decision
Estimate 41 Consumers per Day – Provisions and Accommodations
Welcoming - Promote safe, therapeutic and restorative environment
Medical Clearance – If medical is the urgent need – Call 911 for Transport to Medical Facility
Law Enforcement Arrival
Vehicle Transport
Park Vehicle During Intake & Transition
Allow 3 Vehicles at One Time
Consumer – Agrees to Voluntary Consent
Consumer – Personal Belongings with Consumer
Intake
Non-Secure Area
Greeter – Peer Consultant
Public Safety Transition – Handcuffs and Consumer Sign Consent
Reception – Staff Work Area
Security – Observation
Personal Belongings – Locker for Short Term Storage & Debug
Security - Screening
Belongings Temporary Left at Intake Lockers
Move through Metal Detector / Wand Screening
Security Manages this Area – Security has Observation into Intake and Triage/Evaluation Area
Main Security Desk for Diversion Center – Monitors and Staff Work
Evaluation
Vitals
Evaluation Rooms
Medical Clearance
Medical Exam – 1 Rm – Cuts & Bruises
Consumer Toilet & Shower
Clothing Pantry
Nutrition – Snacks / Collect Food Allergies
Consumer Registration / Warrant Resolution / Consumer Documentation
Social Services
Telehealth – Clinical & Social Multi-disciplinary Collaboration with Consumer
Clinical Work & Support Core
Admission or Discharge
Living Room – Observation Unit – 24 Hour Stay
Sobering Center – 24 to 36 Hour Stay
Discharge
Shift Change 7am to 7pm?
Meals on Units – Food Service Contract – Box Meals – Process for Delivery and Serving?
Tele-Health Capabilities in all Areas – Intake & Evaluation
Staff:
Peer Consultants
Clinical – RN or NP
Mental Health Tech
Security
Reception / Administrative
Staff:
Clinical
Mental Health Tech
Peer Consultant
EMT/Paramedics
BH Social Services
Telehealth to Providers
Staff:
Clinical
Mental Health Tech
Peer Consultant
BH Social Services
Telehealth to Providers
Example One Segment for Work Session to Define Patient and Staff Flow
EXPERIENTIAL MAPPING – “DAY IN THE LIFE”
bhfc DESIGN
BEHAVIORAL HEALTH FACILITY CONSULTING

Living Room Peer Support Model & Extended Stay - Space Needs

Evaluation / Assessment

- Front Walk-Ins
- Public Service Vehicle Entrance
- Evaluation / Medical Exam
- Secure Hold
- Consumer Toilet/Shower

Living Room – 24 Hour Stay

- Open Consumer Environment
- Recliner Chair Patient Stations
- Private Patient Room – 10%
- Consumer Toilet / Shower – 1:6
- Consumer Laundry
- Consultation Rooms – Tele-Communications
- Medical Exam / Vitals Daily
- Group Therapy
- Peer Consultation Office
- Social Soft Seating – Television Area
- Nutrition Bar – Snacks, Drinks, Ice
- Dining – Tables for Meals
- Visitation & Family Consultation?

Staff Work:

- Open Work
- Secure Work – Head Down
- Team Planning
- Staff Lounge, Toilet, Lockers
- Medication
- Clean Supply & Linen
- Soil Hold
- Housekeeping
- Offices – Administration, Social Services, Case Mgt, Etc.

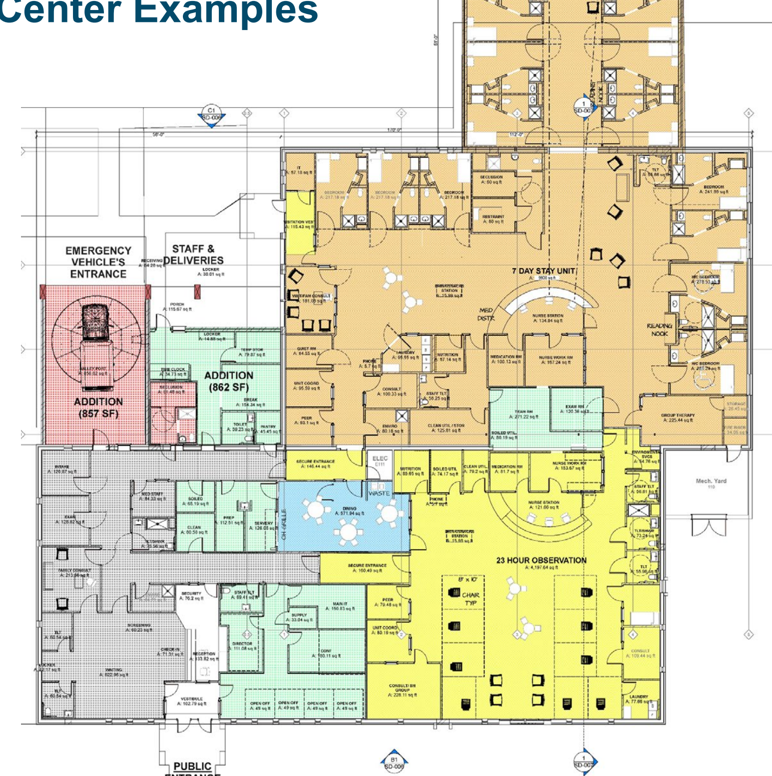
Extended Stay

- Private Patient Room – Gender Separate
- Consumer Toilet / Shower – 1:6
- Consumer Laundry
- Consultation Rooms – Tele-Communications
- Medical Exam / Vitals Daily
- Group Therapy
- Peer Consultation Office
- Social Activity Soft Seating – Television Area
- Nutrition Bar – Snacks, Drinks, Ice
- Dining – Tables for Meals
- Visitation & Family Consultation

Professional Staff:

- Peer Consulates
- Social Services
- Case Managers
- Mental Health Techs
- Clinical – RNs, Providers
- Security

Crisis Center Examples



Resource: Alabama Department of Mental Health

Outpatient Occupancy and Residential Treatment Facilities – FGI Guidelines

Warm Handoff

Dedicated Law Enforcement Entrance with secure gated sallyport and Touchdown Area for Officers with Transition to Crisis Center Staff

Consider Dignity of Consumer / Client

Dedicated Space for Warm Handoff – Not a Transition in the Corridor or Vestibule

Resource: Connections Health Solutions, Margie Balfour, MD, PhD and Oklahoma City Crisis Center, ODMHSAS

Living Room Model
Peer Resources

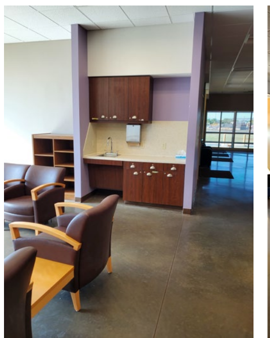
The Living Room Peer Support Model (LRPSM) use of certified peer support workers and peer volunteers in providing the following services within a drop-in setting:

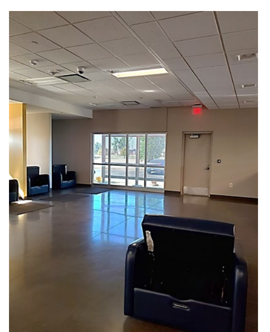
- *de-escalation during crisis,*
- *short term goal setting,*
- *safety plan development,*
- *teaching coping skills,*
- *connecting with community and hospital resources,*
- *medical and behavioral health system navigation,*
- *job search & employment preparation,*
- *supportive coaching and more…..*

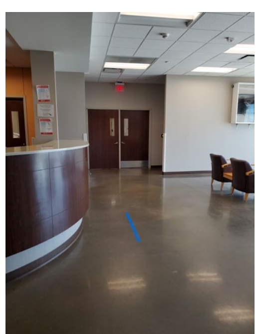
Resource: Oriana House, Cuyahoga County Diversion Center and University of North Carolina Transitional Care Unit, Chapel Hill

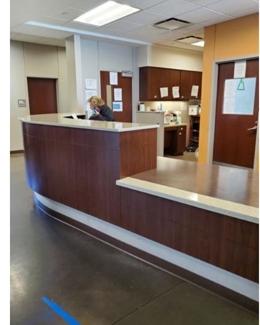
Therapeutic Milieu

Open Design to Facilitate Continuous Observation, Social Interaction, Flexibility and Choices





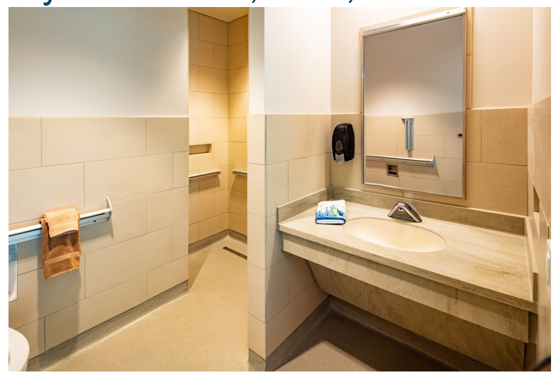




Resource: Connections Health Solutions, Margie Balfour, MD, PhD and Oklahoma City Crisis Center, ODMHSAS

Basic Physiological & Social Services

Nutrition, Shower, Laundry, Medication Adjustments, Community Resources, Rest, etc.



Resources:
Oriana House, Cuyahoga County Diversion Center,
Mind Springs Colorado, and
University of North Carolina Transitional Care Unit, Chapel Hill

What is Important to you?

What Do You Need to Know?

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