



Board of Supervisors Memorandum

July 7, 2009

Award of Contract for Construction of Psychiatric Facilities at the Kino Campus

Background

A master plan completed for the campus in 2005 included as its primary concept development of a plan for an academic research and healthcare campus to support excellent, full-service healthcare for the community and state-of-the-art research and teaching programs.

As noted in the May 2006 bond election background materials, Pima County currently has a 25-year lease with University Physicians Healthcare (UPH), a private, non-profit healthcare organization associated with the University of Arizona, College of Medicine, to operate the former Kino Community Hospital now known as University Physicians Healthcare Hospital at the Kino Campus. The purpose of the unique public/private partnership is to transition the hospital from one focused mainly on psychiatric services to a full-service hospital that also provides comprehensive medical services.

In the May 2006 bond election, Pima County voters approved two major projects for construction of psychiatric care facilities on the Kino campus: a psychiatric urgent care center and a psychiatric inpatient hospital.

Psychiatric Urgent Care Crisis Center

As stated in the May 2006 bond materials, the development of the psychiatric urgent care center will reduce the number of mental health or substance abuse patients seen in local emergency rooms, freeing those sites to provide emergency medical care. The facility will also benefit law enforcement and other first responders who often respond to crisis calls in the community by providing a location to which they can transport these individuals and a streamlined process permitting them to rapidly return to duty.

Instead of operating the psychiatric urgent care crisis program in a crowded and chaotic emergency department with only eight 23-hour stabilization beds and hallways serving overflow patients, the UPH psychiatrists and primary care team will triage, stabilize and treat individuals who do not require emergency department level care on the first floor of the new psychiatric urgent care center. The center is specially designed to serve youth and adults and will nearly triple the capacity for stabilization services of up to 23 hours.

Psychiatric Inpatient Hospital

Most psychiatric inpatient beds at the existing hospital are currently located in areas designated as medical/surgical units and are inefficient from an operations and safety perspective. The master

planning process concluded that a larger facility for psychiatric services was needed and would result in the most cost effective optimal care plan. Construction of the psychiatric inpatient hospital when fully built out will permit relocation of all inpatient psychiatric beds permitting the return of medical/surgical units to their original purpose.

Expansion of Health Facilities at the Campus

Since voter approval of the bond initiative, the local Regional Behavioral Health Authority (RBHA), Community Partnership of Southern Arizona (CPSA) and the tenant of the former Kino Community Hospital, UPH, along with physician faculty of the University of Arizona, College of Medicine (UACOM), have planned both facilities and services for the site working both independently and collaboratively. The focus has been to design structures that support an integrated service delivery model, incorporate best practices and meet the public mandate evidenced in their approval of the projects.

The proposed psychiatric urgent care center referenced by the RBHA as the Crisis Response Center (CRC) is to be two levels and will contain the psychiatric urgent care crisis center with dedicated and segregated space for youth and adults on the first floor with 15 level 1 sub-acute beds for adults, administrative offices, and the crisis call center on the second floor. The total building size is 67,376 square feet.

The proposed Psychiatric Pavilion is to be 136,264 square feet on three levels. It will contain the behavioral health outpatient clinic plus a new emergency department with discrete psychiatric emergency beds on the first floor; add 48 level 1 acute care beds plus a satellite pharmacy on the second floor; and administrative space as well as 35,000 square feet of shelled space for future expansion of the continuum of patient care services on the third floor.

The two buildings in total represent a 203,640 square foot expansion of facilities at the site. The existing hospital including clinics and excluding the power plant is 305,441 square feet. With the addition of the new buildings, the capacity for health services increases by 67 percent (203,640/305,441).

Service Delivery System Design Features

A holistic, integrated model of care is at the center of the service delivery system design features for this campus which will function as a “one-stop” center with a “no wrong door” philosophy. The service delivery system design is based on current best practices as published by leaders in the behavioral health treatment field.

Physical health conditions among people with serious mental illnesses impact their quality of life and contribute to disproportionate premature death. A 2006 technical report, *Morbidity and Mortality in People with Serious Mental Illness*, from the National Association of State Mental Health Program Directors revealed that people with serious mental illness (SMI) die 25 years earlier than people without serious mental illness. The study also stated several factors contribute to this disparity but empirical findings indicate early mortality among SMI individuals is clearly linked to the lack of access to primary care services for this population. SMI individuals frequently seek and

obtain services from community based behavioral health providers. These organizations must be able to formulate partnerships to foster integration of primary care services and provide wellness education onsite with the goal of improving health outcomes for individuals.

Bazon Center for Mental Health Law Standards for Integration of Primary and Behavioral Healthcare (Bazon) notes in their publication titled *Integration of Primary Care and Behavioral Health Care: Report on a Roundtable Discussion* dated February 2005; the old paradigm assumed that behavioral healthcare was provided by separate panels of providers in separate locations. The new paradigm recognizes that behavioral healthcare must be integrated with primary care.

The construction of the two facilities approved by voters permits the expansion of the scope and size of the behavioral health continuum on the Kino campus and allows the local RBHA, selected by the Arizona Department of Health Services (ADHS), and UPH, the existing provider of behavioral health services at the campus, as well as UACOM, to partner in the redesign and integration of healthcare services for individuals with behavioral health conditions. Triage settings throughout the campus will utilize the holistic, integrated service model and screen presenting patients for behavioral as well as medical conditions.

An array of well marked entrances accommodates all types of patients. There are entrances for those individuals presenting alone or with family members, a secured sally port to accommodate the special needs of law enforcement and an emergency department entrance for the most acute individuals with obvious medical conditions. Regardless of the entrance used, consistent protocols will apply assuring there is no wrong door and patients will receive triage, stabilization, and treatment in a consistent manner.

The campus also offers a unique opportunity to train future physicians in a setting that embraces the new paradigm for healthcare to this population. UACOM has embraced the concepts guiding development of the service delivery at the campus and committed to a doubling of the planned psychiatric residencies at this site. By 2012, when the newest graduate medical education (GME) program is fully implemented on the Kino campus, 100 physicians will be training there including 24 residents in the Psychiatry program.

Twelve guiding principles can be identified from the bond materials and the best practices for the target population. The County expects these principles to guide operational decisions for the service delivery system across the continuum of care. The guiding principles follow.

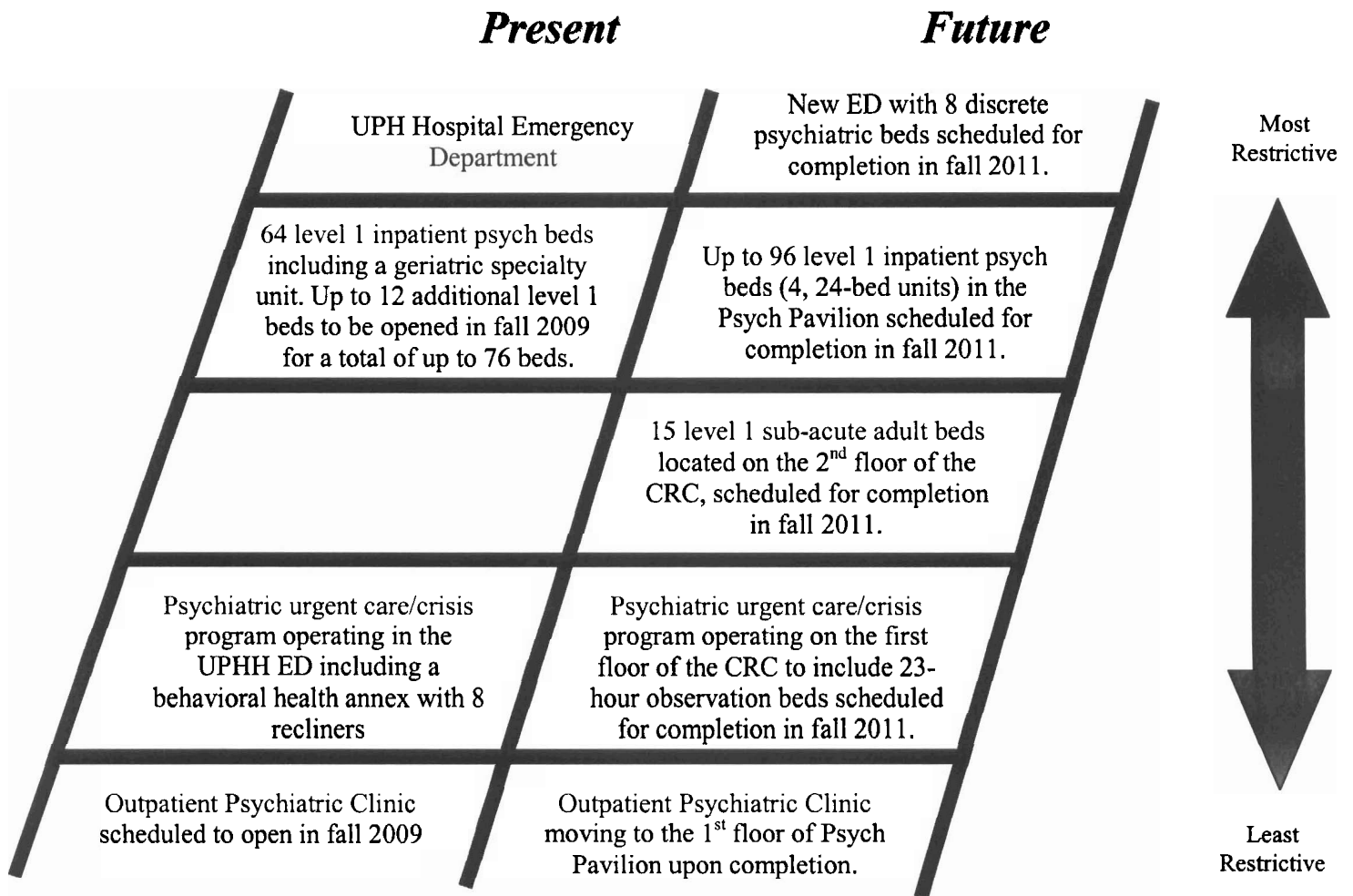
1. Optimization of available financial and human resources to provide enhanced access to a broader continuum of services available to any person experiencing a mental health and/or substance abuse (behavioral health) crisis regardless of their enrollment with the Regional Behavioral Health Authority (RBHA), age, gender, payer source or referral source.
2. Utilization of new structures to aid in the development of a continuum of care for adults, children and adolescents to increase likelihood of treatment in the least restrictive environment.
3. Enhancement of public safety through the provision of a "one stop" crisis center and triage system available 24 hours a day, seven days a week to respond to any adult, child, or adolescent, including family members, experiencing a behavioral health crisis.

4. Substantial reduction in the utilization of other hospital emergency departments, especially those without psychiatric services, for triage, stabilization and treatment of psychiatric patients through timely coordination with those hospitals for transport of patients to the psychiatric urgent care crisis program.
5. Support for law enforcement personnel and other first responders who often respond to individuals in crisis by providing a location to take these individuals and a plan for streamlining the process so responders can return to their duties within 30 minutes.
6. Reduction in the number of adults, children and adolescents with behavioral health conditions housed in the adult or juvenile detention centers when charged with a criminal offense even though they do not present a public safety threat if actively engaged in appropriate community treatment.
7. Delivery system that incorporates integrative models, identified as a “best practice” by SAMHSA and the Bazelon Center for Mental Health Law, for addressing both medical and behavioral health issues during triage, evaluation, treatment and care plan development with the ability to deliver care in the psychiatric urgent care or psychiatric emergency room setting – without a change in provider.
8. Operation of a psychiatric urgent care crisis program with the capability to provide the two required psychiatric evaluations under Title 36, process revocations of existing court ordered treatment patients and any other aspects of the Title 36 process without necessarily requiring admission to a level 1 acute inpatient hospital bed.
9. Relocation to the CRC of SAMHC or comparable provider by the RBHA to operate the crisis call center and dispatch Mobile Acute Crisis (MAC) teams as SAMHC does today but with closer integration and coordination of the full array of services included in a “one stop” philosophy.
10. Provision of provider network representation by the RBHA, working with psychiatric urgent care crisis program personnel to coordinate the enrollment of qualifying individuals.
11. Acceleration of training programs for physicians, nurses and allied health professionals to meet the healthcare workforce shortage to include expanded training program for psychiatrists.
12. Revenue maximization strategies to leverage available payers and funding streams, reducing reliance on the County.

Continuum of Behavioral Health Services Available on the Kino Campus

When construction is completed, the existing array of services at the campus will expand into far more suitable settings and new services will be added to expand the continuum and support the concept of treatment in the least restrictive environment. A diagram titled *Current and Planned Continuum of Behavioral Health Services on the Kino Campus - Post Construction* follows.

**Current and Planned
 Continuum of Behavioral Health Services on the Kino Campus
 Post Construction**



Reasons to Proceed with Current Vision

The original concept of psychiatric urgent care/crisis center approved by voters in 2006 continues to be essential for the community to meet the needs of individuals in behavioral health crisis in an environment that is safe for them and the public. UPH currently operates the psychiatric urgent care/crisis program today which serves more than 5,100 individuals per year who present in behavioral health crisis. Patient volume in the existing UPH psychiatric urgent care/crisis program rose 52 percent between fiscal year 2005 and fiscal year 2008 with patient admissions for psychiatric services in fiscal year 2008 totaling 2,510 or 210 per month. UPH successfully stabilizes and returns to the community 50 percent or more of these patients, of whom approximately 56 percent are RBHA members based on preliminary information.

The Court, law enforcement, the County and members of the community are committed to reducing the number of individuals with behavioral health conditions who are incarcerated. The array of services at this campus - particularly the crisis services - is critical to the success of this initiative. The ADHS contract with the local RBHA requires crisis services 24 hours a day, seven days a week. The current psychiatric urgent care/crisis program operated out of the UPH Hospital emergency department is a critical service supporting the RBHA in meeting this obligation. Use of the psychiatric urgent care appropriately preserves the emergency department capacity for the most acute psychiatric cases as well as emergency medical cases contemplated for this emergency department, which is expected to achieve a level 3 trauma designation within the next 18 months working in collaboration with the clinical leadership of the southern region's only level 1 trauma center, University Medical Center. The newer, better designed facilities will facilitate delivery of a wide array of services to many more individuals and avoid unnecessary incarcerations.

It is estimated that 50 percent of the U of A physicians training in GME programs at Kino campus will likely remain in the community helping to alleviate the existing and worsening physician workforce shortage. The expansion of the psychiatric services at the campus provides further opportunity for training, particularly for psychiatry, which is training 11 residents in fiscal year 2010; 18 in fiscal year 2011 and 24 the subsequent year, making it one of the largest psychiatric training programs in Arizona. The training opportunity resulting from the expansion will also benefit the residents in primary care programs such as the Internal Medicine and Family and Community Medicine programs. Those programs will be training 34 residents in total once fully implemented.

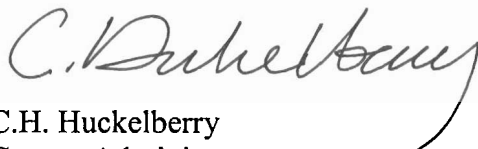
Next Steps

The County, in collaboration with CPSA, UPH and UACOM, is now prepared to implement the plan for improving this community's delivery system of services for individuals with behavioral health conditions by awarding the contract for construction of the two facilities approved by voters in May 2006. During the construction period, the RBHA and UPH will finalize an operating agreement acceptable to the County for the provision of services at the site and enter leases with the County for occupancy of the new space.

Recommendation

It is recommended that the Board award the construction contracts for the psychiatric inpatient hospital and psychiatric urgent care crisis center.

Respectfully submitted,



C.H. Huckelberry
County Administrator

CHH/jj (July 2, 2009)