Dear Participants:

It is with great pleasure that we welcome you to the California Hospital Association’s fifth annual Behavioral Health Care Symposium.

Much has changed since we held our first symposium in 2006. Health care reform and federal and state parity laws promise to permanently alter the health care landscape. The time for change is right, but we need to be “mindful” about what our community needs and how to shape our future. Our program this year was developed around this goal.

To get the most out of the information-packed program, we suggest you:

• Take a few minutes to review the agenda. You’ll find a host of experts to challenge and enlighten your thinking.

• Talk to attendees and speakers. Through shared knowledge and experience we can build our network and increase our presence and voice.

• Visit with symposium sponsors. Learn about many helpful products and services that can improve patient care and operations.

• Review the forms share exhibit submitted by your colleagues. The resources at your disposal are truly impressive.

• Fill out the evaluation forms. They matter! We use the feedback to offer future content you want and need.

• Remember to save December 5 – 6, 2011 for next year’s event.

It is our hope that this symposium will provide you with information, tools and resources to meet the challenges and opportunities of the year to come.

Thank you for joining us,

Sheree Kruckenberg
Vice President, Behavioral Health Care Services
California Hospital Association

Larry Lawler
Vice President, Behavioral Health & Subacute Services
Community Hospital of San Bernardino and Chair, Center for Behavioral Health

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<td><em>Michael Schofield, Parent and Behavioral Health Care Advocate, Jani's Journey</em></td>
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<td>On March 9, 2008, Michael Schofield felt as though his world had ended. He and his wife had just placed their six-year-old daughter in a psychiatric facility. She’d never been away from home. It was the beginning of many hospitalizations—11 in the last year alone. Jani is a bright, beautiful child with a terrifying illness—childhood-onset schizophrenia. Schofield will share his story beginning with the hospitalization of Jani and work his way forward through their exhaustive efforts to diagnose and treat their daughter's illness. Schofield will also offer his perspective on our health care system and how to foster parent and provider partnerships to improve patient treatment and progress.</td>
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<td><em>Howard Gershon, Principal, New Heights Group</em></td>
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<td>No one said it would be easy. But health care reform legislation presents behavioral providers with an opportunity to redefine our role as part of the integrated health care movement. Soon, physical and behavioral health disciplines will need to blend to coordinate care, improve early identification and treatment, and reduce readmissions. And new opportunities abound—consider new technology that improves monitoring, treatment and diagnosis, or new markets to serve. Join us for an exploration of where we are going and what we can be under health care reform.</td>
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<td><em>Cindy Bolter, RN, FNP, PsychNP, John Muir Medical Center</em></td>
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<td>Many patients with psychiatric illnesses also have serious medical conditions. And whether presenting at the ED, or already placed in a psychiatric bed, the patient's medical and psychiatric treatments must be coordinated and complementary. One hospital has developed two clinical models to address these issues. Learn how in the ED psychiatric RNs are trained to recognize co-morbidities, manage behaviors and provide care plans and in the psychiatric unit, nurse practitioners assess and manage complex medical conditions while monitoring psychiatric progress.</td>
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<td><em>Brenda Klutz, Senior Consultant, Health Management Associates</em></td>
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<td>State law defines medical necessity in Title IX, but county-to-county, there is wide variation in interpretation—and denials. Uncertainty abounds as hospitals strive to make sense of what services will be approved or what levels of documentation may be required. This session will offer an overview of the complex issues surrounding medical necessity and provide an open forum for exchange between participants. Bring your experiences to share and help shape an action plan to gain clarity and consistency around medical necessity.</td>
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<td><em>Ashley Stone, MPH, Research Assistant, Palo Alto Medical Foundation Research Institute</em></td>
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<td>In 2010, a research study was conducted to learn about treatment times for patients presenting to EDs with behavioral issues. Specifically, the study gathered data on two situations relative to time: 1) from the patients’ arrival to psychiatric evaluation and 2) from the patients’ arrival to decision to admit or transfer. Not surprisingly, the study revealed that behavioral patients wait longer for services than patients with physical illness or injury. Disparity is now clear, but where do we go from here? Join us for a brief overview of the study and to help develop ideas on how to assist EDs in expediting appropriate care for our patients.</td>
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**TUESDAY, DECEMBER 7**

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<td><em>Mark Covall, Chief Executive Officer, National Association of Psychiatric Health Systems</em></td>
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<td>California has had parity for a decade on paper, but not always in practice. With the advent of federal parity, behavioral health is now in a strong position, though gaps still remain. Find out how the behavioral community can address these issues and keep parity on track. Explore how we can put behavioral and physical health care disciplines on the same level to integrate care, improve quality and patient outcomes.</td>
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<td><em>Jim Hunt, AIA, NCARB, Behavioral Health Facility Consulting</em></td>
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<td>Quick—which is the most risky room in the behavioral setting—and to whom? This session will take you on a walk through the corridors and rooms of your own facility and help you understand what you can do to minimize risk while improving the healing nature of your environment. You’ll learn about common layout dilemmas and ways to reduce the institutional appearance of your facility without compromising staff or patient safety. Explore cost-effective, environmental changes you can make to reduce patient violence against self, other patients or staff.</td>
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<td><em>Suresh Bangara, MD, President, Chief Executive Officer, Hippocrates Gate, LLC</em></td>
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<td>With the advent of health care reform, pressure will increase to provide quality care that is cost effective. Utilization management tools that help practitioners make sound treatment decisions have long been available on the medical side, but not so in behavioral. This session will offer ways that behavioral providers can retool their processes and operations to ramp up to the challenge. It begins with getting the diagnostics correct from the start and investing in IT to minimize redundancy and collect outcomes-based data to measure progress.</td>
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<td><em>Vanessa Kurzon, RN, Nurse Manager, Sharp Mesa Vista</em></td>
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<td>It all began with a common goal—keeping patients safe. Listen to one facility's experience as they set about changing the way they assessed and managed patients with psychiatric illnesses. Learn how they brought together an interdisciplinary team of “champions” to develop a common language, reduce department fragmentation and use clinical and numeric data to help evaluate at-risk patients.</td>
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1:00 – 2:00 pm
Concurrent Breakout Sessions

The Surveyors are Here to Investigate—What Now? (Operational Focus)
Liz Plott-Tyler, Partner, Tyler & Wilson, LLP

A team of CDPH surveyors has just arrived—and they’re heading your way. This session will help you learn the strategies and techniques to constructively manage the survey process from entry to exit. Find out what surveyors will ask for and are entitled to, how to appropriately challenge surveyor assertions and what to do when things go bad. Learn the most common mistakes hospitals make when dealing with surveyors and how to avoid them.

2:00 – 2:15 pm
Break and Exhibit Viewing

2:15 – 3:15 pm
Plugging Behavioral Health into Electronic Medical Records
Cheryl Odell, RN, Chief Nursing Officer; Fadi Nicolas, MD, Medical Director of Intensive Treatment, Dual Diagnosis, Opiate Dependent Intensive Outpatient Programs; and Mary Kay Shibley, RN, Clinical Informaticist, Sharp Mesa Vista

The transition from paper to electronic medical records has been slow—especially for behavioral health care. Why? Cost aside, most EMRs are developed to meet acute med/surg care needs and a one-size-fits-all approach does not work well for behavioral services. Discover how one facility developed and transitioned to a behavioral EMR that resolves confidentiality access issues, creates readily accessible tools, and provides patient snapshots to keep pertinent information at “the top of the chart.”
Dr. Suresh Bangara is currently a consulting medical director for Comprehensive Behavioral HealthCare Management with oversight of UM for Anthem Blue Cross in California. He has served for more than 20 years in the health care industry including extensive experience working with mentally ill patients both in the public and private sector. Dr. Bangara has also founded two IT companies including Hippocrates Gate LLC. He has received the Teacher of the Year award four times at USC, Keck School of Medicine, Division of Psychiatry and the Behavioral Sciences, where he currently serves on the faculty as a clinical assistant professor.

Cindy Bolter is currently the coordinator of medical consultation services at the John Muir Health System where she has served for 19 years in a variety of roles. She also functions as a clinical nurse specialist providing education to employees, families, and the community. Ms. Bolter holds a masters, two post-masters degrees and three specialty certifications as a Clinical Nurse Specialist in Child and Adolescent Psychiatric Mental Health Nursing, as a Family Psychiatric Nurse Practitioner, and as a Family Nurse Practitioner.

Mark J. Covall is president/CEO of the National Association of Psychiatric Health Systems (NAPHS), which supports over 600 behavioral health care provider organizations. Prior to this role, he represented the nation’s leading managed behavioral health care companies as the executive director of the American Managed Behavioral Healthcare Association (AMBHA). Mr. Covall also served for nine years as the director of government relations for NAPHS and has worked on Capitol Hill for the House Aging Committee’s Health and Long-Term Care Subcommittee.

C. Duane Dauner was appointed president/CEO of the California Association of Hospitals and Health Systems (CAHHS) in November 1985. On Jan. 1, 1996, CAHHS transformed into the California Hospital Association (CHA) and Mr. Dauner was appointed president/CEO of this new organization, as well. CHA is devoted to statewide representation and advocacy for California’s health care organizations and is one of the nation's largest state health care associations, representing more than 400 hospitals and health systems. Mr. Dauner has been active in national hospital and health care issues, serving on numerous American Hospital Association and American College of Healthcare Executives committees. He is a fellow of ACHE and has served as a member of the AHA Board of Trustees and the Hospital Research and Educational Trust Board of Trustees, an affiliate of AHA.

Jana Du Bois is vice president and legal counsel for the California Hospital Association. Ms. Du Bois brings to CHA a broad foundation of health law experience, including serving as in-house counsel for a large integrated hospital health system and regulatory counsel for state public health and managed care departments. Prior to becoming an attorney, Ms. Du Bios was a registered nurse for over 10 years. She is an active community and legal volunteer, and recently ended her appointment to the Public Health Executive Committee of the California State Bar. Ms. Du Bios currently serves on the executive committee of the Sacramento County Bar Association, Health Law Section.
Howard Gershon is a principal and founder of New Heights Group. Mr. Gershon has over 25 years experience in health care consulting and specializes in strategic planning, market research, program development and facility development for clients throughout the US. Mr. Gershon has participated in over 100 projects concerned with the management and planning requirements of university medical centers; psychiatric hospitals; ambulatory care centers; alcohol treatment facilities; and non-profit, municipal, and investor-owned community hospitals. Mr. Gershon is a sought after lecturer on health-related issues and a frequent contributor to health care literature.

James M. Hunt, AIA, is president of Behavioral Health Facility Consulting, LLC, which assists psychiatric hospitals and architects with improving patient and staff safety and therapeutic environments. Mr. Hunt is a practicing architect and facility management professional with over 30 years experience in the behavioral health field. Mr. Hunt served 20 years as the director of facilities management for the Menninger Clinic and he was a founding member of the Health Care Council of the International Facility Management Association. He writes and speaks extensively on patient and staff safety issues and the therapeutic environment of behavioral health care facilities.

Brenda G. Klutz is a senior consultant for Health Management Associates (HMA). In this role, Ms. Klutz advises HMA on public policy issues related to aging and long-term care, chronic care, acute and primary care, the health care delivery system, and on state licensure and federal certification of health facilities and agencies. She has over 30 years experience working in state government in both the Legislative and Executive Branches. Prior to her current position, Ms. Klutz served as the deputy director for the Licensing and Certification Program for the California Department of Health Services.

Vanessa Kurzon is a nurse manager for the Chemical Dependency Unit and the Open Adult Unit at Sharp Mesa Vista Hospital. Ms. Kurzon has worked many years with the in-patient psychiatric community, both at the clinical and administrative level and as a family nurse practitioner. She has been an adjunct nursing instructor for National University in San Diego, as well as a nursing instructor at Los Angeles Valley College and Los Angeles City College.

Fadi Nicolas, MD, currently serves as the medical director of both the Intermediate Treatment Program (ITP), a mood disorder specialized inpatient unit, and the Dual Diagnosis Intensive Outpatient Program and Opiates Dependence Intensive Outpatient Programs (Dual IOP and ODIOP) at Sharp Mesa Vista in San Diego. Since 2004, he has also been the attending psychiatrist at Sharp Vista Pacifica Hospital, an addiction specialized hospital. He has worked on numerous research projects at Sharp Mesa Vista’s Clinical Research Center and is a frequent presenter. Dr. Nicolas has earned many awards for his work including Clinician of the Year at Mesa Vista Hospital and the Vision Pillar award at Sharp HealthCare.
Cheryl Odell is the chief nursing officer for Sharp Mesa Vista, a 149-bed freestanding psychiatric hospital, and Sharp Vista Pacifica, a 14-bed freestanding chemical dependency recovery hospital. Ms. Odell has over 30 years of nursing leadership experience in a variety of areas. At Sharp she has led the implementation of electronic documentation systems in three areas: two in an acute care hospital (telemetry and med/surg units) and at Sharp Mesa Vista and Sharp Vista Pacifica.

Elizabeth Plott Tyler, JD, is a founding and managing partner of Tyler & Wilson. Ms. Tyler has been involved in all aspects of health care legal services as well as financial services. She is an active member of the California Association of Health Facilities, American Health Lawyers Association, and CHA. Ms. Tyler is a frequent presenter at seminars, trade association meetings and public educational forums. Additionally, she has drafted state and federal legislation addressing regulatory and financial issues relating to health care.

Michael Schofield is the father of January “Jani” Schofield, diagnosed with early-onset childhood schizophrenia at six years old. Jani and the Schofield family were featured in the Los Angeles Times in June 2009. That article led to an appearance on “The Oprah Winfrey Show,” as well as being documented by ABC’s “20/20.” Most recently, Jani and the family were the subject of the Discovery Health Channel special entitled “Born Schizophrenic: January’s Story.” The struggle to provide Jani with a happy and fulfilling life has led Michael and wife Susan to become advocates for child mental health services. Together, they have established an online support group for parents of mentally ill/autistic spectrum children, which now has in its membership over 150 families from around the world. They are also working to establish The Jani Foundation to provide in-home support that will allow children with mental illness to stay with their families instead of being forced into residential care.

Mary Kay Shibley RN, MSN, is the behavioral health clinical informaticist for Sharp HealthCare where she has worked for 16 years. Ms. Shibley initially served as a psychiatric nurse and later transitioned into Information Systems as a systems analyst. In this role, she assisted in the development, training, implementation and support of two electronic medical record systems that have now been implemented in many Sharp HealthCare facilities. This past year she led the design, build and implementation of the Behavioral Health Inpatient and Outpatient portion of the electronic medical record now being used at various hospitals and psychiatric units.

Ashley Stone is a research assistant at the Palo Alto Medical Foundation Research Institute. She is currently involved in research projects on mental health communication in primary care and patient-centered medical homes. In 2010, and prior to her current position, Ms. Stone was part of a research team that developed and conducted a study that documented information relative to the time from the patient's arrival to psychiatric evaluation, and the time from the patient's arrival to decision to admit or transfer. The study provided statistical data revealing that behavioral patients wait longer for treatment than those patients with medical conditions.
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Kelly Davies, Policy & Advocacy Director, Southern California kdavies2@its.jnj.com
“So much more needs to be done”
—Dr. Paul Janssen

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Megan Montgomery-West, Chief Operating Officer
mmontgomery@apibhs.com

Bonnie Asada, RN, Assistant Director of Nursing
basada@apibhs.com
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Matt Chamberlain
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www.dbhc-modesto.com or www.dmc-modesto.com

Tony Vartan, Chief Behavioral Health Officer
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**Diagram: Top Door Alarm Components**

- **Pressure Sensor**
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- **Continuous Hinge**
- **Strobe Light**

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Lauren Ball, Administrative Director, Social and Youth Services
lball@llu.edu

Norie Bencito, Director of Nursing
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www.stjosephscanhelp.org

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