

Visit to Peak View Behavioral Health

It's not about picking one hospital over another- it's about accessing the right service, at the right time and at the right place.

Opened in 2012- 22 geriatric beds, expanded based on community need

Currently 92 beds- 88 filled

Expansion planned for more adolescent beds and more outpatient offices

Colorado Springs has 2 med-surg hospitals and 2 free standing psychiatric hospitals (Cedar Springs and Peak View)

1. Not seen as competitor- meet patient needs, refer back and forth based on need
2. Admissions office like an ED- do UA/blood screenings
3. Evaluated for admit by admissions, therapist/nurse and by doctor
4. 400 admissions a month, 800+ calls a month for services
5. Take all who present regardless of ability to pay
6. Admissions open 24 hours a day

Prior to Peak View, Cedar Springs (110 bed facility) was the only psych hospital in town and people were sent to Denver or beyond. With the addition of Peak View, no business was lost and beds were full as people had a choice.

Very different model than we have anywhere in Iowa.

1. Inpatient services- length of stay: kids/adolescents 5-7 days/adults 10-14 days
 - a. Units- 200, 300, 400, 500, 600, 700
2. Outpatient services/school based mobile assessments
3. Adolescent Summer programs
4. Inpatient Partial Hospitalization- both adolescent and adult
 - a. Has educational support- coordinate with schools to get homework
 - b. Curriculum based- 15 day program
 - c. Illness management program
5. Outpatient Partial Hospitalization- 2-4 week program
 - a. Step down
 - b. 3 vans assist individuals with transportation issues to and from facility
6. Therapy- Use 13 Evidence based models: Examples: Adolescence- Why Try Model, Geriatric-Late Life Depression Model, Illness management, Recovery and Trauma Informed Care
 - a. Rec Therapy/Pet Therapy/Music Therapy/Creative Arts/Aroma Therapy/Arm Chair Yoga--- Physically stimulating- meets with all patients/units twice a day/instructors from the community come in and teach special classes
7. In-house pharmacy- electronic med dispensing/no error/no theft
8. Cafeteria- special diets
9. Daily schedule (Handout)
10. Gymnasium- keep kids very active/courtyard and playground equipment/padded for seniors

11. Staffing-

- a. 1:10 nurse to patient/ 1 nurse per unit plus a float nurse
 - b. 1:15 mental health tech to patient (high school diploma and 2 yrs experience or college degree/CNA)
 - c. Staffing always depends on needs of units
 - d. Psychiatrists- independent contracted doctors: currently: 1 medical director-psychiatrist and 1 other psychiatrist. Utilize ARNPs; actively recruiting 2 doctors- 1 from Las Vegas coming. Have had doctors work part time at Peak View and part time at Memorial Hospital. Also have contracted internists to handle medical issues as needed
 - e. Staff training: GEARS Training- behavior management strategies- teaches staff to watch for signs earlier/try to contain behavior/ week long employee training/ Handle with Care Training/ debriefing session if staff have to do "hands on"- retrain on behavior management-GEARS/ seclusion room
 - f. CORE questionnaire- what triggers you ? (Handout)/ Also measures where a person is at before and after care at Peak View/asks how things went during stay- concerns are reported back to the team
 - g. Do use chemical restraint- may be preferred instead of hands on approach/PRNs
12. Inpatient Behavioral Health Satisfaction Survey (Handout)
13. Discharge planning done when person is admitted/Peak View does follow-up to ensure patient goes to appts/gets meds filled/or if apt is missed, what went wrong
14. Peak View calls patients at 72 hours/ 1 month/3 months
15. Clinical Outcomes: (Handout)
- a. Symptom reduction of 50% at discharge for adults
 - b. Symptom reduction of 60% at discharge for adolescents
 - c. Acuity Level/ Anxiety, Risk, Depression

Community Collaboration:

Several meetings with a variety of providers-

1. Silver Key Senior Services- very similar to CASI
 - a. Non-profit (1971)- provides services to 900 people a day in 3 programs
 - i. Nutrition
 - ii. Transportation
 - iii. Case Management
 - b. Started as a visitors program in nursing homes
 - c. Provides meals on wheels/emergency food bank/federal food program- feeds 1200 people a month
 - d. Provides 226 rides a day- get groceries, go to work, go to medical appts, go to social activities
 - e. Case Management services offer guardianship service/rent and utility assistance/partner with police dept to help identify elder abuse
 - f. Partner with Aspen Point Mental Health Center therapist and Peak View

- g. Operate Thrift Store- open to anyone (used durable medical equipment)
 - h. 500 volunteers/\$4.1 million annual budget
 - i. Only Requirement- 60 years old
 - j. Strategic Behavioral Health- sponsors fund raising events and awareness events- (Flyer) Rockin the 60's !
 - k. Case Managers work with Peak View to wrap services around senior- inpatient, outpatient or support groups
 - l. Staff from Silver Key- attend SBH educational trainings- example "Suicide Prevention"
 - m. Senior population growing at a 3% faster than whole population
2. Colorado Springs Fire Department-
- a. Heads up local Crisis Response Team within mental health center (Aspen Point)
 - b. 3 reasons people call fire department:
 - i. Access to care
 - ii. Transportation
 - iii. Crisis care
 - c. Created a Community Health Division- of all the 911 calls- 75% have mental health issues
 - d. Pulled local providers together- Peak View, Aspen Point, Cedar Springs, law enforcement agencies
 - e. City provided funding for fire department and police department staff and Peak View provided social worker for Mobile Mental Health Team
 - i. 24-27 calls a day were psychiatric crisis calls/ 78% ended up in ERs
 - ii. Screening component- medical
 - iii. Goal: Deflect to right service at the right time in the right place
 - iv. 2 teams operating currently:
 - 1. Only 11-12% calls ended up in ERs
 - 2. 71% of calls were secured in home- social worker deescalated or were able to contact MH provider
 - 3. Can assist with direct admits to Peak View- getting person to the appropriate level of care
 - f. Peak View willingness to help with mobile crisis assessment team helps the fire department- helps to reduce some of their calls
 - g. Overwhelmed at Peak View's willingness to look at social issues- helping the community to provide the right care at the right time
 - h. Assessment teams go back and do follow-up with individuals to make sure they are ok
3. CARES Team-
- a. "Community Assistance and Referral Education System"
 - b. Identify barriers/seek solutions
 - c. Goal- better patient health/reduce use of ER/address "Super Users"
 - d. Go into homes- complete assessment- hook up with nurse navigators/case managers/ pharmacies
 - e. Both hospitals contract for ED doctor time/utilize fire and police department staff

- f. State contracts with providers to address the "super users"
- 4. DBSA- Depression and Bipolar Support Alliance of Colorado Springs-
 - a. Started relationship when just serving geriatric patients
 - b. Individuals go to Peak View and share experiences/clients volunteer to go to the inpatient units and talk about what services are available in the community
 - c. In early days, MH providers were very territorial. In 2006, DBSA brought providers together (before Peak View). Originally 6 providers, now over 50 providers share stories/lectures/educational opportunities. Peak View sends all educational opportunities out to all providers
 - d. When Peak View opened- not enough beds- only 22. Expanded to 92. Never have enough beds in the community.
 - e. Treatment- inpatient, to intensive outpatient, to therapy and support groups. All set up to keep people out of the hospital
 - f. Peak View and Dr. Gregg Smith help get people in touch with DBSA and aftercare services- peer support and recovery
 - g. Support group attendance Jan thru July 2458 people; 699 volunteer hours; 558 calls for service information
- 5. Suicide Prevention Partnership-
 - a. Conduct trainings at Peak View- suicide prevention/large number of adolescent suicides
 - b. Business cards with programs/services and phone numbers to call for help
 - c. Initially Peak View attitude was "oh no, we don't need them"- but they offer different services/ individuals can go right there for help/streamlined for admissions/ saves police time/ Cedar Springs hospital had bad reputation until Peak View opened- competition improved services
 - d. Providers didn't all come together at once- took time to build trust and partnership
 - e. SBH sponsors events/all providers come together and ask for help from each other now- support each other/see each other more
- 6. Peak View has a community liaison to work with MH providers, nursing homes, schools, doctors, therapists, and hospitals/ provides outreach education to providers/helps the community understand where the resources are
- 7. NAMI- numerous programs offered to families and individuals at no cost/educational and advocacy series for public/SBH sponsors events and provides funding as needed
- 8. Memorial Hospital- University of Colorado-
 - a. 68 bed Emergency Department- psych unit 10 beds
 - b. Has security unit within ED/ 500 patients a month/ doesn't include patients in medical beds with MH issues/needs
 - c. Has legal draw capability- separate room
 - d. Helps people apply for health insurance
 - e. Works with both Peak View and Cedar Springs- high respect for SBH/vital to communicate issues and problems in order to resolve issues
 - f. Discharge planning is critical
 - g. Not enough adolescent beds- very difficult to find beds/services for kids under age 6

9. Aspen Point Mental Health Center-

- a. Employs 600 people
- b. 2-3 week wait for a prescriber/7 day wait for therapist
- c. Manage Medicaid clients
- d. Receive block grant from the state/gate keeper for Medicaid- go thru Aspen Point then referred out to other providers for other services as needed
- e. Go thru Aspen Point to determine if hospitalization is needed- works with Peak View daily as they have a full range of services/ give updates on clients/don't cherry pick- serve more aggressive and more medically compromised clients
- f. Has own transportation service- will bring patient to hospital if needed
- g. Outpatient therapy/crisis services/Living Room model/ CSU (23 hr) stay serving 100-120 new people each month

It's not a matter of one hospital or another- there is enough need in our community and across the state for all 3 hospitals- Genesis, Trinity and Strategic Behavioral Health.

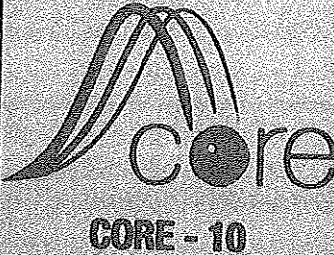
Better access to services and more services are needed.

In addition to inpatient services, Strategic Behavioral Health provides step-down intensive partial hospitalization programs and outpatient services. They provide a variety of therapies/support groups and educational opportunities for all in the community. They provide financial support to numerous non-profit organizations in the community. They work with law enforcement and fire departments to address better access for the "high users" in the community.

DAILY SCHEDULE

UNIT	200	300	400	500	600	700
6:30 a.m.	Personal Hygiene	Hygiene	Hygiene/Snack (7:00)	Hygiene	Hygiene	Hygiene
7:30	Breakfast (on unit)	Breakfast	Goal Group	Breakfast (7:15)	Goal Group	Goal Group
8:00	Breakfast	Break	Goal Group	Break	Breakfast	Breakfast
8:30	Goal Group	Goal Group	Breakfast	Goal Group	Education	Education
9:00	Goal Group	Fitness (on unit)	Break	Process Group (TX) (9:15)	Education	Education
9:30	Nursing Ed	Psych Ed (TX)	Fitness	Process Group (TX)	Education	Education
10:30	Leisure Activity (MHT)	Psych Ed (TX)	Psych Ed (TX)	Fitness	Education	Education
11:00	Leisure Activity (MHT)	Nursing Ed	Psych Ed (TX)	Fitness	Lunch	Lunch
11:30	Lunch (on unit)	Journaling	Lunch	Psych Ed (TX)	Process Group (TX)	Fitness
12:30 p.m.	Lunch	Lunch (12:15)	Break	Lunch	Fitness	Process Group (TX)
1:00	Fitness (M-S) Music (Sun)	Break	Process Group (TX)	Break	Fitness	Process Group (TX)
1:30	Music/ Video	Process Group (TX)	Process Group (TX)	Rec Therapy (M-S) Music (on unit Sun)	Nursing Ed	Journaling
2:00		Process Group (TX)	Journaling (M-S) Music (Sun)	Rec Therapy (M-S)	Psych Ed (MHT)	Psych Ed (MHT)
2:30	Process Group (TX)	Rec Therapy (on unit M-S) Music (Sun)	Rec Therapy (M-S)	Journaling	Psych Ed (MHT)	Psych Ed (MHT)
3:00	Rec Therapy Music (Tue)	Rec Therapy	Rec Therapy (M-S)	Independent Leisure	Quiet Time in Room	Quiet Time in Room
3:30	Rec Therapy	Psych Ed (MHT)	Independent Leisure	Independent Leisure	Psych Ed (MHT)	Rec Therapy
4:00	Rec Therapy	Psych Ed	Psych Ed (MHT)	Nursing Ed	Psych Ed (MHT)	Rec Therapy
4:30	Dinner	Break	Psych Ed (MHT)	Nursing Ed	Dinner	Dinner
5:00	Dinner	Dinner	Psych Ed (MHT)	Dinner (5:15)	Rec Therapy	Psych Ed
5:30	Wrap-up Group	Visitation (5:45-6:45)	Dinner(6:00)	Break	Rec Therapy	Psych Ed
6:00	Music/Video (MHT)	Visitation	Break	Psych Ed (MHT)	Journaling	Nursing Ed
6:30	Music/Video (MHT)	Wrap up	Nursing Ed	Psych Ed (MHT)	Visitation	Visitation
7:30	Hygiene	Independent Leisure	Visitation (7:40-8:40)	Psych Ed (MHT)	Wrap-Up	Wrap-up
8:00	Hygiene	Independent Leisure	Visitation	Visitation (7:40-8:40)	Point/Level Group	Point/Level Group
8:30	Break/Hygiene	Break/Hygiene	Wrap up (8:45)	Wrap up (8:45)	Hygiene	Hygiene
9:00	Lights Out	Break/Hygiene	Break/Hygiene (9:30)	Break/Hygiene (9:30)	Lights Out	Lights Out
10:00		Lights Out	Lights Out	Lights Out		

*Visitation for Unit 200 occurs throughout the day * Peak Paws (Animal Assisted Therapy during the week)



Site ID

letters only numbers only

Client ID

Therapist ID numbers only (1) numbers only (2)

Sub codes

Date form given / /

Age

Male Female

Stage Completed

S Screening Stage

R Referral

A Assessment

F First Therapy Session

P Pre-therapy (unopposed)

D During Therapy

L Last Therapy Session

X Follow up 1

Y Follow up 2

Expanded

IMPORTANT - PLEASE READ THIS FIRST

This form has 10 statements about how you have been **OVER THE LAST WEEK**. Please read each statement and think how often you felt that way last week. Then tick the box which is closest to this. Please use a dark pen (not pencil) and tick clearly within the boxes.

Over the last week

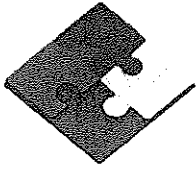
- | | Not at all | Only Occasionally | Sometimes | Often | Most or all the time |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 I have felt tense, anxious or nervous | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 2 I have felt I have someone to turn to for support when needed | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| 3 I have felt able to cope when things go wrong | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| 4 Talking to people has felt too much for me | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 5 I have felt panic or terror | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 6 I made plans to end my life | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 7 I have had difficulty getting to sleep or staying asleep | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 8 I have felt despairing or hopeless | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 9 I have felt unhappy | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 10 Unwanted images or memories have been distressing me | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

Total (Clinical Score*)

* Procedure: Add together the item scores, then divide by the number of questions completed to get the mean score, then multiply by 10 to get the Clinical Score.

Quick method for the CORE-10 (if all items completed): Add together the item scores to get the Clinical Score.

THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE



PEAK VIEW
BEHAVIORAL HEALTH

Dear Patient:

Our mission at Peak View Behavioral Health is to provide our patients with the highest quality health care that we can. To accomplish this, we need to know what we are doing right and what needs improvement. We depend on our patients and their families to keep us informed.

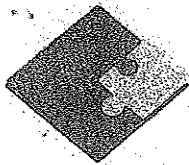
By sharing your thoughts and feelings about your health care experience, you can help make our care better for future patients and their families. Please take a few minutes to complete the enclosed patient satisfaction survey and return it to the locked box on the unit or in the postage-paid envelope. Feel free to express your opinions. Your response is confidential.

Thank you, and please accept our best wishes for your good health.

Sincerely,

Dan Zarecky
Chief Executive Officer





INPATIENT BEHAVIORAL HEALTH SATISFACTION SURVEY

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed envelope.

BACKGROUND QUESTIONS

1. Date of admission:

		/			/				
month			day			year			

2. Date of discharge:

		/			/				
month			day			year			

3. Admitted through an
Emergency Department Yes No

4. Referred by your physician Yes No

5. Patient's sex Male Female

6. Patient's age

 years

7. Who is completing this survey?
(fill in one circle only)

- Patient
- Friend
- Legal Guardian
- Spouse
- Family Member
- Other

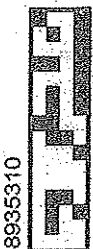
INSTRUCTIONS: Please rate the services you received from our facility. Fill in the circle that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on good or bad things that may have happened to you.

Please use black or blue ink to fill in the circle completely.

Example:

ADMISSION	very poor	poor	fair	good	very good
	1	2	3	4	5
1. Speed of the admission process.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Courtesy of staff during admission.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Information provided about Patient's Rights including confidentiality.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe good or bad experience): _____



8935310

UNIT	very	poor	poor	fair	good	very
	1	2	3	4	5	5

- | | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Comfort of the unit | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Noise level of the unit | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Overall condition of the unit | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (describe good or bad experience): _____

MEALS	very	poor	poor	fair	good	very
	1	2	3	4	5	5

- | | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Quality of the food | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Quantity of the food | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Temperature of the food (cold foods cold, hot foods hot) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (describe good or bad experience): _____

NURSING CARE	very	poor	poor	fair	good	very
	1	2	3	4	5	5

- | | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Friendliness/courtesy of the nurses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Degree to which nurses introduced you to your unit and program | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Promptness of nurses in responding to your requests | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Degree to which nurses kept you informed about your treatment program | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Degree to which nurses kept you informed about your medication | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Helpfulness of the nurses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (describe good or bad experience): _____

PSYCHIATRIST	very	poor	poor	fair	good	very
	1	2	3	4	5	5

- | | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Courtesy of psychiatrist | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Helpfulness of time spent with psychiatrist | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Information provided by psychiatrist about your medication | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Information provided by psychiatrist about your condition | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (describe good or bad experience): _____

OTHER MEMBERS OF THE TREATMENT TEAM					
	very poor	poor	fair	good	very good
	1	2	3	4	5

(Please rate only the staff who treated you.)

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Overall rating of social worker..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Overall rating of case manager..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Overall rating of recreational therapist..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Overall rating of psychiatric technicians..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (describe good or bad experience): _____

PROGRAM ACTIVITIES					
	very poor	poor	fair	good	very good
	1	2	3	4	5

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Helpfulness of individual contact with staff..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Amount of time spent in therapeutic activities..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Helpfulness of group therapy sessions..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Helpfulness of social/recreational activities..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (describe good or bad experience): _____

VISITORS AND FAMILY					
	very poor	poor	fair	good	very good
	1	2	3	4	5

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Hospital staff's courtesy toward your visitors..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Adequacy of visiting hours..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Confidentiality respected with regard to your visitors..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Availability of space to meet with family and friends..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

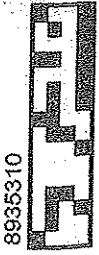
Comments (describe good or bad experience): _____

DISCHARGE					
	very poor	poor	fair	good	very good
	1	2	3	4	5

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Degree to which you felt prepared for discharge..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Understanding of your medication instructions at discharge..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Information provided about your care after discharge..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Instructions on what to do if you need help after discharge (when to seek help, whom to call, etc.)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (describe good or bad experience): _____

continued...



PERSONAL ISSUES

very poor 1 poor 2 fair 3 good 4 very good 5

- 1. Staff concern for your privacy..... 1 2 3 4 5
- 2. Degree to which staff asked if you had any physical pain 1 2 3 4 5
- 3. If you had physical pain, how well it was taken care of..... 1 2 3 4 5
- 4. Degree to which you felt safe on the unit..... 1 2 3 4 5
- 5. Degree to which staff was sensitive to your language/cultural needs 1 2 3 4 5
- 6. Degree to which staff was sensitive to your emotional needs 1 2 3 4 5
- 7. Degree to which staff was sensitive to your spiritual needs 1 2 3 4 5
- 8. Degree to which you were included in decisions about your care..... 1 2 3 4 5

Comments (describe good or bad experience): _____

OVERALL ASSESSMENT

very poor 1 poor 2 fair 3 good 4 very good 5

- 1. Overall impression of the hospital..... 1 2 3 4 5
- 2. Degree to which you feel that your condition has improved 1 2 3 4 5
- 3. Degree to which staff worked together to care for you 1 2 3 4 5
- 4. Overall rating of care given at this hospital..... 1 2 3 4 5
- 5. Likelihood of your recommending this hospital to others..... 1 2 3 4 5

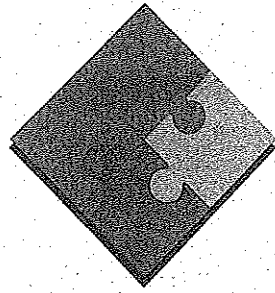
Comments (describe good or bad experience): _____

Patient's Name: (optional) _____

Telephone Number: (optional) _____



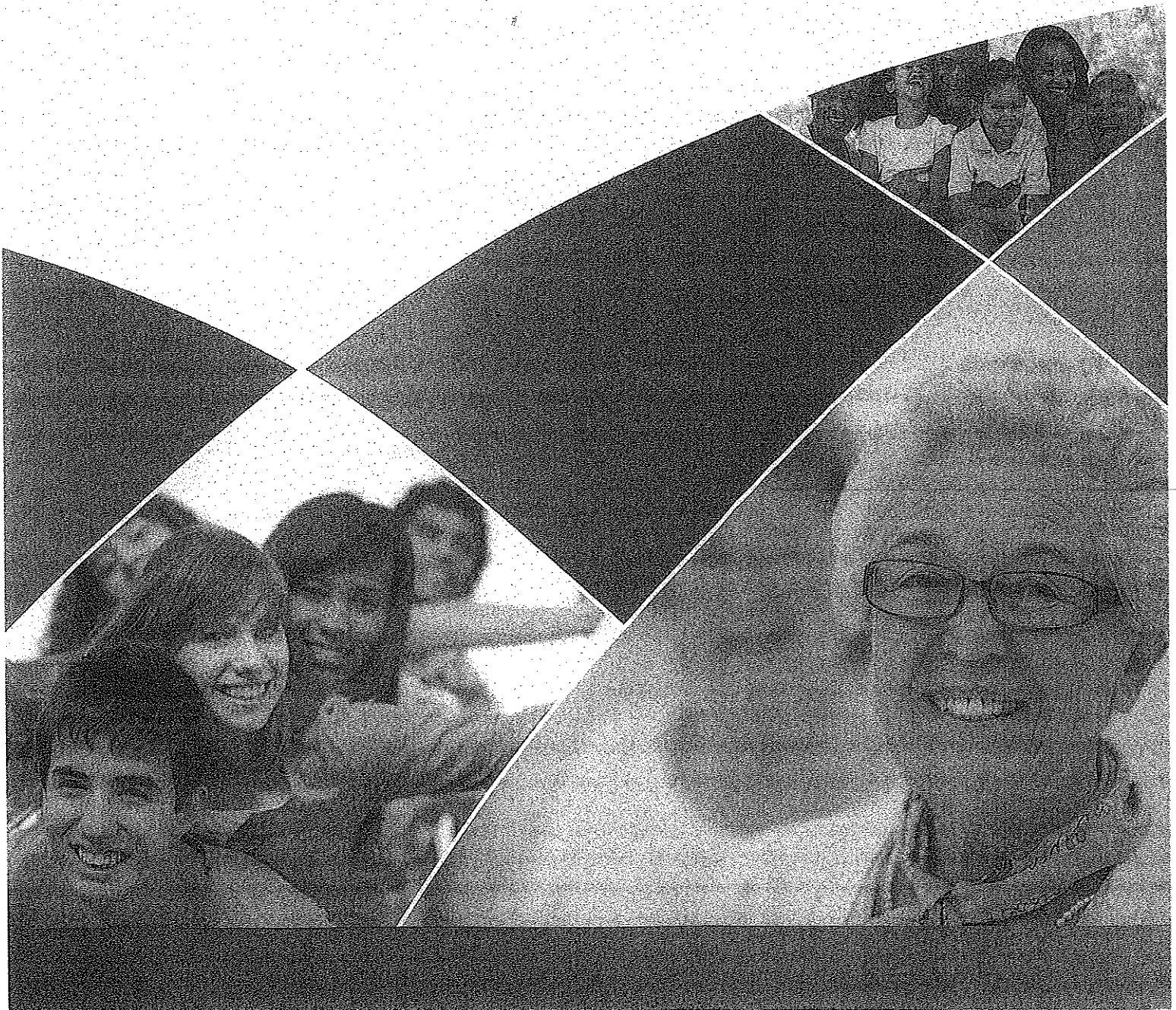
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PEAK VIEW
BEHAVIORAL HEALTH

1 Year Program Evaluation Report

Clinical Outcomes



Introduction

Peak View Behavioral Health is a 92 bed acute psychiatric facility located in Colorado Springs, CO. The following information is a summary report of a 1 year clinical outcome evaluation of the care provided, including longitudinal analysis. The clinical outcomes represent treatment from adolescents to seniors.

To remove any potential bias, the following is data provided to and independently analyzed by Dr. Art Frankel, professor at University of North Carolina-Wilmington.

Methodology

CORE (Clinical Outcomes in Routine Evaluation) surveys were conducted at Peak View Behavioral Hospital for a 1 year period from June 30, 2013 to June 30, 2014. Patient change was measured from admission to discharge for all inpatient units. Since inception, a large sample size of 952 adult CORES and 401 adolescent CORES has been collected with patient consent.

The assessments used to conduct the evaluation include the CORE-10 developed for ages 18 and over and the CORE-YP (Young Person) for ages 12-17. Both measure a composite score of patient symptoms: Depression, Risk, and Anxiety. The lowest level of acuity value is a 0 where the most severe symptomology is a 40. A change of 5 or greater is considered to be clinically significant change (Barkham, Mellor-Clark, Connell, & Cahill, 2006). The Internal and test—retest reliability is good (0.75-0.95), as is convergent validity with seven other instruments (including the BDI, BAI, and SLC-90), with large differences between clinical and non-clinical samples and good sensitivity to change (Evans, et al. 2002). To evaluate patient well-being after discharge, a subsequent 1 month follow-up assessment was conducted.

Clinical Summary

- The Adult CORE shows a symptom reduction of 50% at discharge with a very similar outcome at one month after discharge
- The Adolescent CORE shows a symptom reduction of 60% at discharge and a 53% symptom reduction at one month after discharge
- Risk reduction at discharge was significantly lowered for both Adults and Adolescents to the point it was almost zero, and this effect was continued at one month after discharge.

Figure 1: Acute Adult 1 Year Summary (July 2013-July 2014)

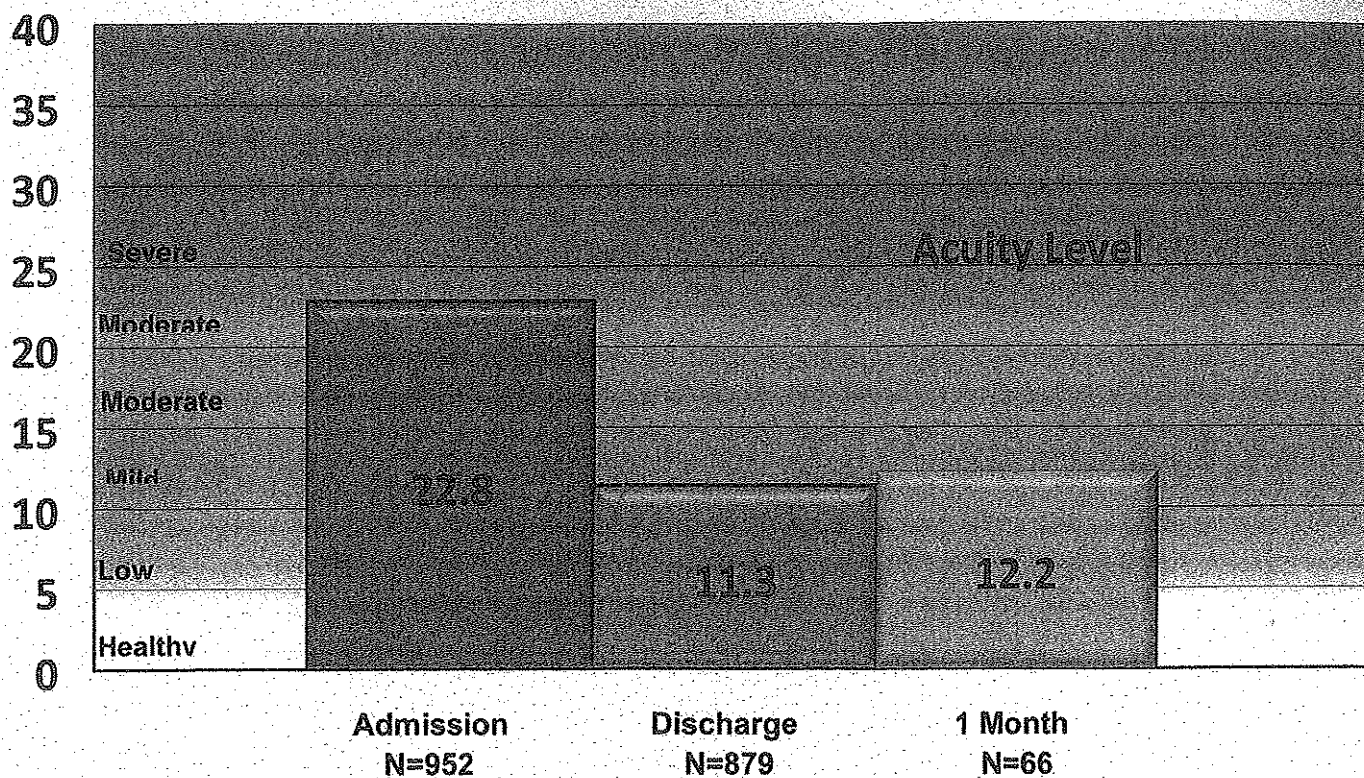


Figure 2: Acute Adult 1 Year Summary (July 2013-July 2014)

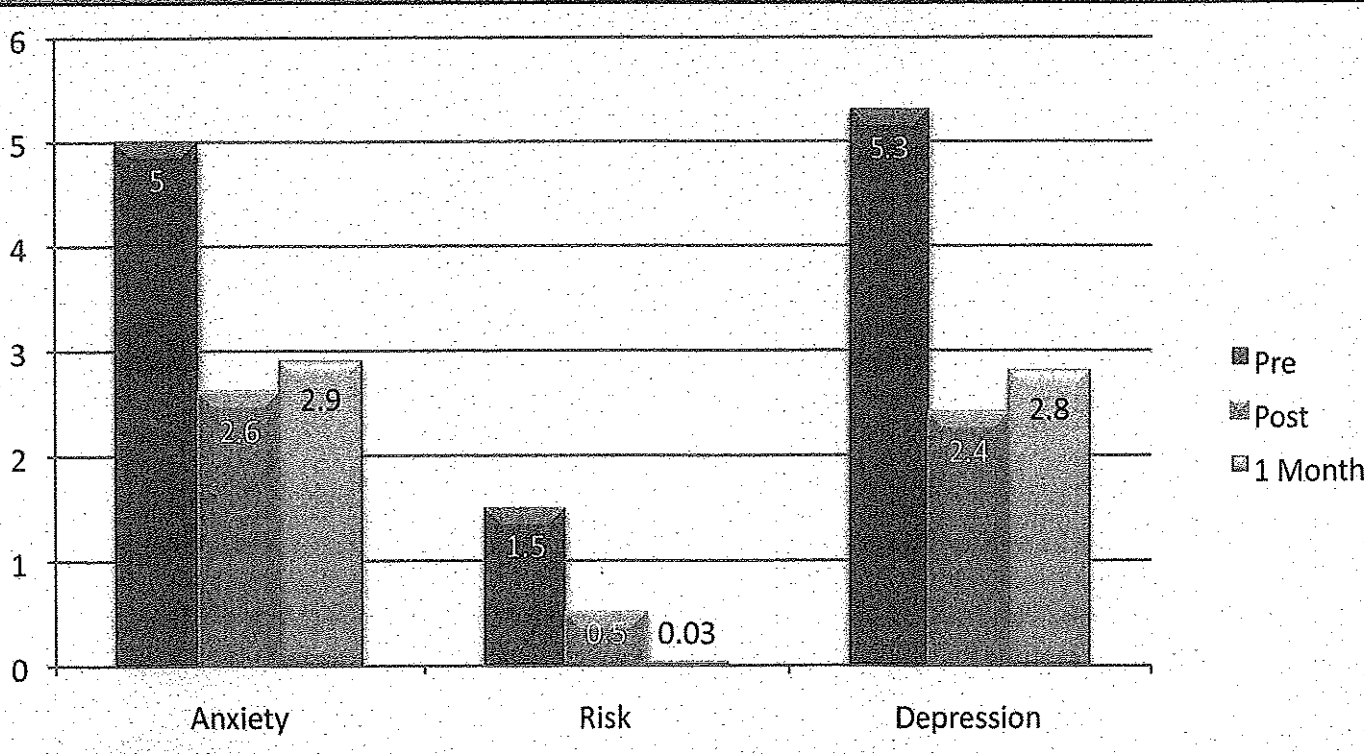


Figure 3: Acute Adolescent 1 Year Summary (July 2013-July 2014)

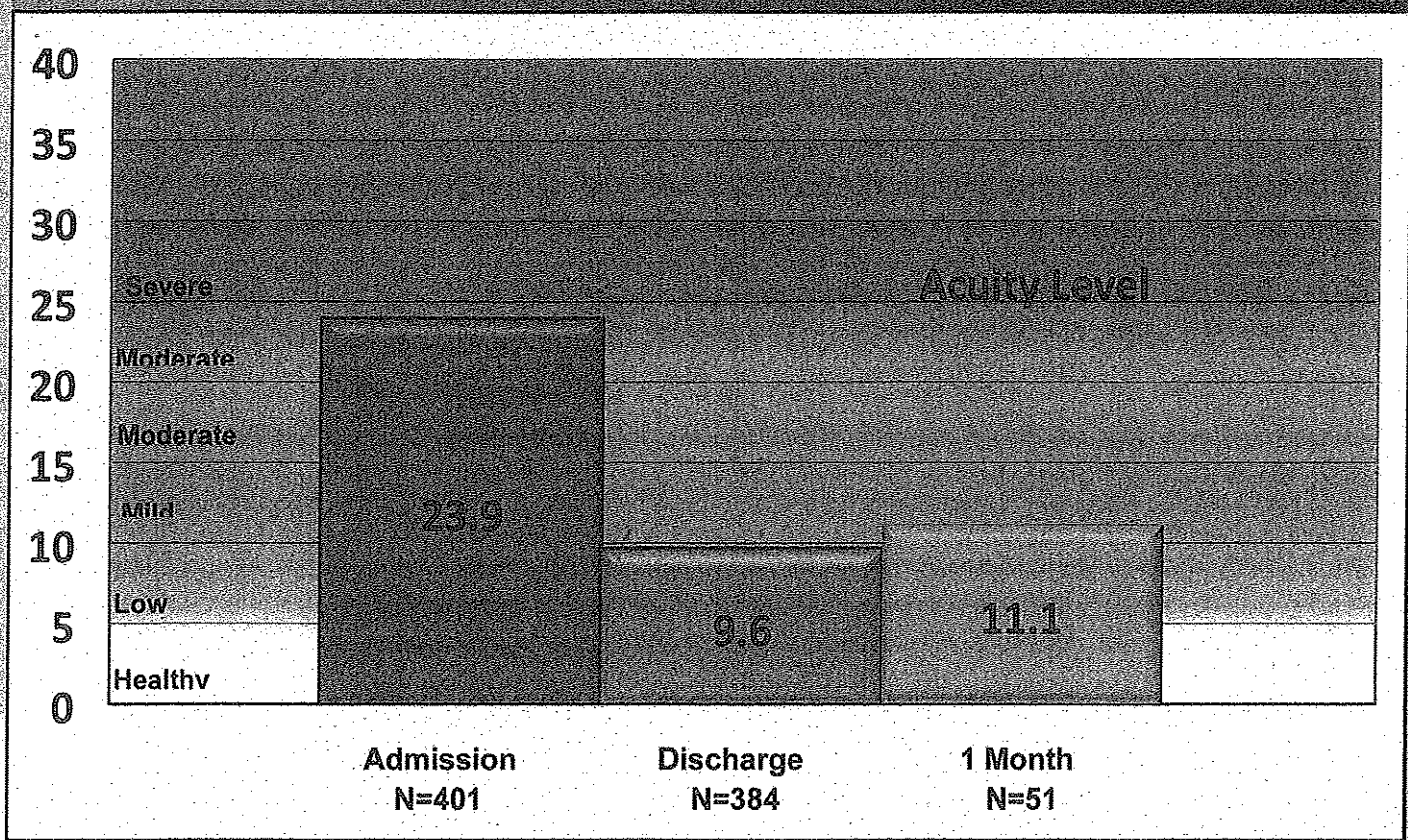
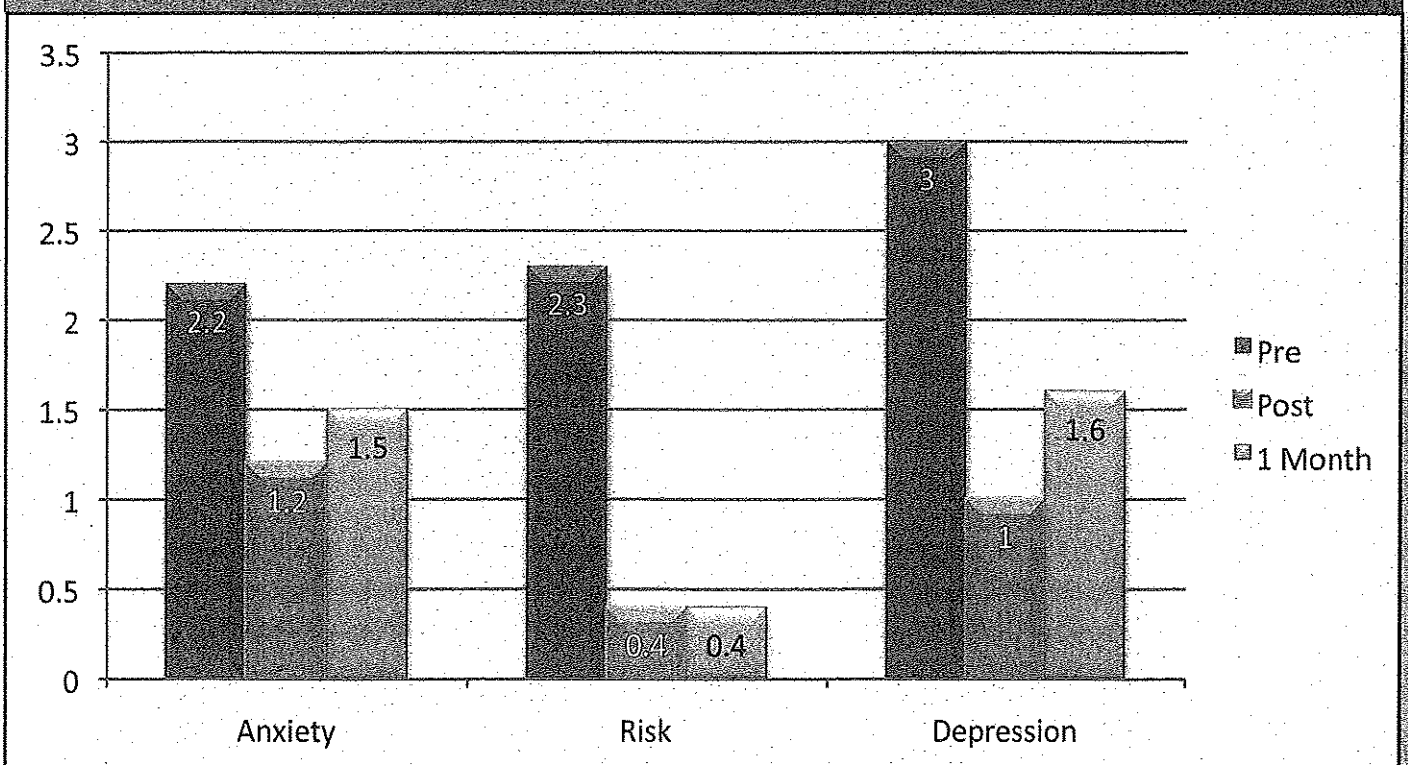


Figure 4: Acute Adolescent 1 Year Summary (July 2013-July 2014)



Discussion

Adult Unit

- Over the past year of CORE data collection on the adult unit the total symptom reduction from admission to discharge was 50%.
- At one month, the symptom reduction decreased slightly to 46% as compared to admission, but was still highly significant. In comparison from discharge to 1 month, patients only increased in acuity symptoms by 7.40% at the 1 month follow-up.
- Of special note, the 1 month dimension of Risk for the year was a 98% reduction from the time of admission. Slight increases at 1 month were reported in both Anxiety and Depression.

Adolescent Unit

- Over the past year of CORE data collection on the adolescent unit the total symptom reduction from admission to discharge was 60% (Figures 3 & 4).
- Risk scores remained constant from discharge to 1 month.
- Depression scores showed significant reductions at discharge, but increased somewhat at one month, still almost 50% below admission scores.
- Anxiety symptoms decreased on the average 45%, at one month this reduction was less, at 32%.

References:

- Barkham, M., Mellor-Clark, J., Connell, J., & Cahill, J. (2006). A core approach to practice-based evidence: A brief history of the origins and applications of the CORE-OM and CORE System. *Counseling and Psychotherapy Research*, 6(1), 3-15.
- Evans, C., Connell, J., Barkham, M., Margison, F., Mellor-Clark, J., McGrath, G. & Audin, K. (2002). Towards a standardised brief outcome measure: Psychometric properties and utility of the CORE-OM. *British Journal of Psychiatry*, 180, 51-60.

Contact Information:

Feel free to contact the facility directly with any questions regarding this research or treatment options provided at Peak View Behavioral Health at **719-444-8400**.



DBSA COLORADO SPRINGS SUPPORT GROUPS MEETING LOCATIONS & SCHEDULES

DBSA Colorado Springs (Close to Downtown Area)

The following Support Groups meet at DBSA Colorado Springs, 2132 E. Bijou St., Suite 112, just 3 1/2 blocks East of Union Blvd. Parking is behind the building on the North side, where you will also find a 3-step entrance into the lobby at the Northeast corner. Follow signs leading to DBSA Colorado Springs. For more directions, call 719-477-1515. Check local TV stations and/or web sites for closings due to bad weather, etc.

DBSA-CS Resource Center (Central)

Veterans' Group

Open to all active duty, retired, former military with mood disorders, having served any amount of time—*regardless of discharge. Confidential—no records!!*

Mondays, 7:00 PM

Women's Group

For women with mood disorders: **Tuesdays, 11:30 AM**

Young Adults and Teens Group*

Ages 15-25 with mood disorders: **Tuesdays, 7:00 PM**

**Release of Liability required for teens under 18.*

Family & Friends Group

For family members, including husbands, wives, & friends of people with mood disorders: **Tuesdays, 7:00 PM.**

Adults' Evening Group

For adults with mood disorders: **Wednesdays, 7:00 PM.**

Adults' Afternoon Group

For adults with mood disorders: **Fridays, 1:00 PM**

St. Francis Medical Center (North)

The following Support Groups are held in the first floor Conference Rooms at St. Francis Medical Center, southeast of Woodmen and Powers Blvd. For directions or cancellations due to bad weather call St. Francis North receptionist at 571-1037 or check local TV station web sites for closings due to bad weather, etc.

Adults' Evening Group - Meeting Room 4

Adults with mood disorders: **Wednesdays, 7:00 PM**

NEW

Starting March 9, 2015

Young Adults and Teens Group*

Meeting Room 5

Ages 15-25 with mood disorders: **Mondays, 7:00 PM**

**Release of Liability required for teens under 18.*

Senior Center

The following support group is held in the C.D. Smith Room, at the Senior Center, 1514 N. Hancock. For directions or cancellations due to bad weather call the Senior Center at 387-6000, or check local TV station web sites for closings due to bad weather, etc.

Later Life Group

For older adults with depression or bipolar disorder: **Wednesdays, 12:30 PM**



DBSA Colorado Springs self-help support groups are **free!** You don't have to register, sign up, or pay a dime to attend.

Our support groups offer people an opportunity to share personal experiences and learn coping skills from one another. **Studies have shown that DBSA support groups can indeed help people with mood disorders get back on the road to recovery!**



Depression Symptom Checklist

1. Changes in sleep patterns
2. Appetite changes: eating too much or no interest in food
3. Concentration problems – difficulty reading or understanding what you are reading
4. Feelings of guilt
5. Feelings of worthlessness & powerlessness
6. Excessive anxiety
7. Feelings of sadness; frequently tearful
8. Anhedonia – Not enjoying what you used to enjoy, such as music and sports
9. Negative thoughts and attitudes
10. Isolation – not wanting to be with others
11. Difficulty making choices
12. Feelings of irritation, anger, and overreaction
13. Suicidal thoughts; thoughts of impending doom

Mania Symptom Checklist

1. Feelings of euphoria or grandiosity
2. Racing thoughts
3. Excessive talking, rapid speech
4. Irresponsible spending
5. Poor judgment; inappropriate behaviors
6. Hypersexuality

Post Traumatic Stress Disorder (PTSD) Symptom Checklist

1. Bothered by unwanted memories, nightmares, flashbacks, or reminders
2. Loss of enjoyment for things, avoiding people
3. Difficulty experiencing feelings
4. Hypervigilance
5. Dissociative Identity Disorder (DID)
6. Poor sleep, poor concentration, irritability
7. Feeling concerned or untrusting about activities and people

Steps Toward Recovery

1. Peer Support
2. Professional Therapy
3. Medications as prescribed
4. Healthy Diet
5. Regular Exercise
6. Increase Your Knowledge about Mood Disorders to Help Yourself and Your Family

DBSA Colorado Springs offers the community a free lending Library housing a comprehensive collection of books, videos, DVDs, journals, and articles on dealing with mood disorders.

DBSA Colorado Springs also offers the community free lectures on subjects of interest, and puts out a quarterly newsletter created by our members who share their recovery stories.

Call 719-477-1515 or visit www.DBSAColoradoSprings.org for the latest information.

DBSA Colorado Springs does not provide treatment, but offers a free supplement to medical, pharmacological, and psychotherapeutic treatment.

Free Depression, Bipolar, Anxiety and Post Traumatic Stress Disorder screening can be arranged by appointment. Call DBSA-CS at 719-477-1515

The DBSA Colorado Springs Community Resource Center is near downtown at 2132 E. Bijou Street, Suite 112, Colorado Springs, 80909; 3 blocks east of Union Blvd and ¼ of a mile west of Circle Drive.



National Alliance on Mental Illness

NAMI

Colorado Springs

*NAMI-CS now offers nine ongoing programs,
more than 100 percent program growth during the past four years*

NAMI'S PROGRAMS ARE OFFERED AT NO COST TO PARTICIPANTS

FAMILY PROGRAMS

Family to Family – In 1999, the first Family to Family class was offered. The 12-week class targets family caregivers, guardians, close friends, and other relatives of someone who lives with a serious mental illness. It covers topics such as the characteristics of each mental illness, medications, brain structure, coping and communication skills, self-care, problem-solving, setting limits, handling crises, advocating for your family member, and the available community resources. The program changes lives and helps families grasp that mental illness is a biological brain disorder – an illness like any other. Last year, 125 participated in Family to Family.

Visions – This five-week class is designed for parents with a school-age child or adolescent with a mental illness/brain disorder. Visions covers topics similar to Family-to-Family but emphasizes school-related challenges, such as how to work with schools on Section 504 Plans and Individual Education Plans (IEP). Participants also learn to advocate effectively for their children. Parents, caregivers, guardians, and those responsible for a child or teen can participate.

PROVIDER PROGRAMS

Provider Training – This five-week program targets mental health professionals and paraprofessionals. Providers include social workers, special-ed teachers, therapists, police and parole officers, psychiatrists, counselors, nurses, certified nurse aides, mental health technicians, graduate counseling students and others. A five-person teaching team facilitates the program and represents varied points of view – family members, those living with mental illness, and a mental health professional who is also a family member. The teachers impart firsthand knowledge and share their experiences. Provider Education enhances understanding and improves the provider's ability to work with both family members and the person living with mental illness.

PEER PROGRAMS FOR THOSE WHO LIVE WITH MENTAL ILLNESS

Peer-to-Peer – This ten-week program offers a holistic approach to recovery through a combination of lecture, discussion, interactive exercises and stress management. The teaching team is composed of peer mentors, those who live with and manage a mental illness. Being diagnosed with a serious mental illness can be an anxious, life-changing experience, and participants find new hope and inspiration for their recovery in this class.

**For more information on any of NAMI-CS' programs,
please call the office, 719-473-8477, or go to www.namicoloradosprings.org.**

PEER PROGRAMS FOR THOSE WHO LIVE WITH MENTAL ILLNESS *(continued)*

In Our Own Voice – This 60-90 minute presentation includes two trained speakers who share their compelling and personal testimonies of living with and overcoming challenges posed by mental illness. The presentations broaden understanding and knowledge of mental illness, replacing misunderstanding, fear and judgment with insight, awareness and acceptance. Introduced locally in late 2013, NAMI-CS now has eight trained presenters who are available to present In Our Own Voice.

SUPPORT GROUPS

Family, Connection & Visions Support Groups –NAMI-Colorado Springs offers separate support groups for family members, for those who live with mental illness, and for parents and caregivers of children and teens. These well-attended, weekly groups are facilitated by peer volunteers. The support groups supplement and reinforce NAMI's classes.

COMMUNITY EDUCATION

First Tuesday Education and Advocacy Series

A monthly education program, this hour and a half session provides information, insight and opinions from experts in the behavioral health field. The format is typically a panel discussion with Q&A. Launched in the fall of 2012, we've covered a range of topics and continue to have excellent attendance of 45-75 monthly. This program is a community education initiative that NAMI will continue to offer for the foreseeable future.

Resource and Referral Line

Staffed 9am – 5pm, Monday through Friday, last year NAMI answered 2210 phone calls averaging 184 calls per month.

**For more information on any of NAMI-CS' programs,
please call the office, 719-473-8477, or go to www.namicoloradosprings.org.**

Elam, Lori

To: Bruemmer, Dee
Subject: RE: SBH - Children's Services

From: Mike Garone [mailto:mike.garone@strategicbh.com]
Sent: Thursday, September 03, 2015 5:46 PM
To: Bruemmer, Dee; Elam, Lori
Subject: SBH - Children's Services

Hi Dee,

I know it is the 11th hour before my move, so I haven't been able to track down a hard copy brochure to FedEx to you. I am hoping in lieu of a brochure you can print out information from our websites. Here are some links showing children services broken out from adolescent. I don't want to be overkill, so here are 2 facilities.

Montevista Hospital (Las Vegas)

<http://www.montevistahospital.com/programs-overview/youth-services/>

Acute Inpatient Care

Acute inpatient hospitalization occurs only with a physician's order for conditions that cannot be safely or effectively treated on an outpatient basis. It is the most intensive level of care offered and provides 24-hour skilled nursing observation and care, daily interventions and oversight by a psychiatrist, and intensive, highly coordinated treatment by a physician-led team of mental health professionals. Inpatient hospitalization is always short-term and designed to quickly stabilize the most serious symptoms to allow a quick transition to less-intensive levels of care. Montevista Hospital offers acute inpatient care for adults, youth, adolescents (ages 13 to 18), and to children ages 4 to 12. Dual Diagnosis programs are available for adults and adolescents with a secondary chemical dependency diagnosis.

Advantages of Acute Inpatient:

- Safe, controlled, structured environment
- 24 hour skilled nursing care
- Intensive physician involvement.
- Physician-led multi-disciplinary treatment team.

- Able to utilize both medication and psychotherapy, as appropriate.
- Intensive treatment not available on an outpatient basis.
- Tutorial-based school program available
- Up to 10 hours of daily programming.
- 7 day a week programming.

Partial Hospitalization Programs (PHP)

Partial Hospitalization is an on-campus day program that offers the intensity of acute inpatient care without having to stay overnight in the hospital. It is offered separately to children ages 5 to 12 and adolescents, ages 12 to 17 from 8 a.m. until 3 p.m. Monday through Friday. Montevista provides transportation to and from home, serves breakfast and lunch, two snacks and provides on-site classroom instruction to the school age children.

Peak Behavioral Health (Santa Teresa, New Mexico / El Paso, Texas)

<http://www.peakbehavioral.com/adolescents/>

Child Acute Care Program – The goal of our inpatient program is to provide short-term crisis stabilization for children, ages 4- 12. This unit offer supportive services in a safe and structured environment for those experiencing an acute crisis. Treatment is individualized and comprehensive.

Treatment Components:

- Group therapy
- Individual therapy
- Case management
- Discharge planning
- Medication awareness and education
- Recreation/Activity therapy

Adolescent Inpatient Program is structured to meet the mental health and chemical dependency concerns troubling teens, ages 12-18. Adolescents receive individualized treatment in a structured secure setting.

Treatment Components:

- Group therapy
- Individual therapy
- Case management
- Discharge planning
- Medication awareness and education
- Recreation/Activity therapy
- Relapse Prevention

Residential Treatment Program –Peak Behavioral Health Services provides a safe, therapeutic environment for adolescent boys and girls, ages 12-18. Treatment is individualized for each resident, and we encourage parents/guardians to participate actively in their child’s treatment. Each RTC unit has its own therapist, and residents are seen regularly by licensed psychiatrists. To ensure resident safety and to promote the practice of new skills, each unit is staffed by licensed nurses and trained mental health technicians.

Adolescent Partial Hospitalization (PHP) – The Adolescent Partial Hospitalization Program is an outpatient program designed to meet the needs of adolescents, ages 4-12, who are experiencing mental health and/or chemical dependency issues that impact their daily lives.

Programming includes group therapy, individual therapy, activity therapy and family therapy. Treatment team members include: Psychiatrist, Registered Nurses, Licensed therapists and Social Workers.

The program is held 5 days a week, Monday –Friday from 4:00 p.m. – 8:15 p.m. and allows for the patient to live at home.

Hope this helps and have a great weekend!

Mike Garone
Director of Development
Strategic Behavioral Health
Office (901) 969-3100
Cell (901) 277-6522
www.strategicbh.com

