It has been nearly a year since we changed our name to Comprehensive Healthcare. We had clear reasons for our selection of our name and this issue of Pathways highlights some of those reasons.

We purposely kept the Comprehensive part of our old name. We felt it helps reflect the very broad scope of services offered by our organization. We have always sought to identify gaps in service in our region and worked to fill them. We have always believed that our communities are better served by focusing our efforts in meeting unmet needs rather than competing with others to duplicate services while there are unmet needs. We have grown to have a very diverse portfolio of services. This issue points that out by sharing about our connections to physical healthcare, our services to victims of crime, rehabilitation services for the most severely ill and creative crisis response for our local communities.

The newer part of our name – Healthcare – was specifically added to recognize our efforts in integrating physical and behavioral healthcare. We are very excited about the many ways we are finding to work with other parts of the healthcare system. These innovations are demonstrating great promise both in improving outcomes and in achieving cost savings. It is just plain common sense. Unfortunately the “system” is sometimes slow to recognize the logic and the work becomes hard. Things are starting to move and we are trying to lead from the front. I am very happy to see the artificial divide between the head and body melting away. I fully believe that in the next 5-10 years we will see improvements in care that are more like quantum leaps than the baby steps we are taking today. It is exciting stuff. I hope you will agree as you read this issue.
Even the onset of modern medicine has yet to completely bridge the gap between physical healthcare and mental health (also called behavioral health). It’s as if the head and the body were two separate organisms requiring treatment from two independent and unconnected providers.

Not so, says Comprehensive CEO, Rick Weaver. “The healthcare system has been treating the head and the body separately forever,” he says. “And treatment for the head (behavioral health) has lagged behind for years. We have to create pathways to bring the treatment systems together. Everything up to now has been an experiment to figure out how to accomplish that goal.”

Comprehensive has been actively engaged in the process of integrating healthcare for the last 10 years, but the emerging models are still in their infancy.

The Agency for Healthcare Research and Quality (AHRQ) Academy defines “integrated behavioral healthcare” as follows:

“The care a patient experiences as a result of a team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population.

The care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms and ineffective patterns of health care utilization.”

Coordination and integrated treatment planning between physical and behavioral healthcare providers is central to the future system of healthcare. “How this integration and coordination will take place will depend on many factors including, type of condition, severity of the condition, and patient and medical provider choice,” says Mike Norton, Vice-President of Comprehensive. “But in all cases, the patient’s health (and treatment) should be viewed as an integrated mind/body system.”

**HOW DOES INTEGRATED CARE LOOK?**

Most people with mild to moderate behavioral health problems will likely be seen in primary care settings for treatment – including adults with anxiety, depression and substance use disorders or children with anxiety, ADHD and behavioral problems. With appropriate screening and the addition of specially trained behavioral health staff added to the primary care setting, many of these conditions can be successfully treated. Without this type of integration in primary care settings these illnesses...
are more likely to go undetected and untreated.

Conversely, it makes sense to put **primary care services in mental (behavioral) health centers** because of the high rates of physical illness associated with serious and persistent mental illness and the extraordinarily high rate of premature death of persons with serious mental illness due to “natural causes” – like cardiovascular disease, diabetes, respiratory and infectious diseases.

Integration offers an important opportunity to eliminate the early mortality gap and reach people who can not or will not access specialty behavioral healthcare. It also allows for a great level of communication and coordination with individuals who often have complex behavioral and physical illnesses. Plus, early intervention provides better quality of life while reducing overall healthcare costs.

In both cases, services are not just provided at the same location, but coordinated with other care delivered in that setting. Norton explains, “Sharing a physical location is not always possible. But collaborating in treatment is key. It boils down to good communication between providers, which creates good coordination and better outcomes for patients.”

**Behavioral Health techniques to help manage chronic medical conditions** is another aspect of integrated care. Conditions such as diabetes, obesity, asthma and pain control are often treated with medication by a primary care provider. If these medical approaches are combined with therapeutic approaches and coaching, the outcomes are even better. Using evidenced based approaches such as Motivational Interviewing (MI), Comprehensive staff have demonstrated that an integrated mind/body approach can improve patient outcomes and reduce the overall cost of healthcare.

**HOW IS COMPREHENSIVE INTEGRATING SERVICES NOW?**

Comprehensive is currently collaborating and partnering with several primary care providers. Specially trained behavioral health specialists are being stationed in primary care locations. Each primary care setting has their own process and culture. Therefore, several different evidenced based models for integrating care are being utilized. But in each case, Comprehensive and their partner providers are **learning together** how to merge primary and specialty behavioral healthcare resources into an improved system.

“It takes a special person on the behavioral health side to be able to provide those services,” says Weaver. “This kind of coaching has great value – without it, people’s contributing behaviors just don’t get addressed. A doctor can prescribe meds but if folks aren’t coached to understand the benefits of **actually taking the meds**, it does no good.”

Another relatively new integration involves embedding behavioral health specialists in hospital emergency rooms. Comprehensive has current partnerships with several ERs and has pending arrangements with others.

“Our behavioral health staff will assist with triaging patients with mental health and substance use issues. They provide screenings and assessments as well as assistance with referrals into appropriate services,” explained Norton. “We can coordinate and help manage cases in the hospital, getting treatment started early and properly without exhausting other resources in the ERs, which are already swamped. Plus, the individual gets appropriate treatment.”

**The benefits to both quality of life and cost of services are starkly evident in the Washington State’s Health Home model.** This highly successful version of care relies on Care Coordinators and their ability to integrate services. Care Coordinators provide coaching to high-cost, high-need people at the point of discharge and after. It is a ‘boots on the ground’ approach to complex health issues. Comprehensive Care Coordinators orchestrate care management, health promotion, transitional care and follow up, individual and family support and referral to community and social services support.

Success starts with a relationship between the Care Coordinator and the individual – followed by a jointly developed “health action plan”. The individual then receives concentrated coaching on how to work their
plan. There is a proven connection between the patient’s “activation level”, which is measured, and the effectiveness and cost of care. Comprehensive Care Coordinators receive intensive training on how to reduce the gaps in services and increase coordination of all service providers. Results have been impressive - reduced hospital re-admissions, reduced avoidable emergency room visits, reduced inpatient psychiatric admissions and reductions in the need for nursing home admissions.

**WHAT IS THE FUTURE OF INTEGRATED CARE?**

“More population-based services,” says Weaver. “Screening in a formal way for behavioral health issues right there at the primary care clinic. Catching problems earlier. We need to capture people at the right time, at the right place and the right level. We’re moving towards a system that totally integrates mind and body care,” he says. “And we’ll get there faster through partnerships,” adds Norton. “We are integrating services with several medical centers and clinics throughout the region. At Comprehensive we will continue to push the envelope on integrated services because it provides the best outcomes for patients, and it saves taxpayers money, too.”

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**CAN WE LIVE LONGER?**

Integrated Healthcare’s Promise

**The PROBLEM**

People with mental illness die earlier than the general population and have more co-occurring health conditions.

68% of adults with a mental illness have one or more chronic physical conditions.

more than 1 in 5 adults with mental illness have a co-occurring substance use disorder.

Co-occurrence between mental illness and other chronic health conditions:

- Mental illness: 21.9% High Blood Pressure
- Mental illness: 21% Smoking
- Mental illness: 5.9% Heart Disease
- Mental illness: 2.9% Diabetes
- Mental illness: 42% Obesity
- Mental illness: 15.7% Asthma

INTEGRATION WORKS

Community-based addiction treatment can lead to...

- 35% in inpatient costs
- 39% in ER cost
- 26% in total medical cost

Reduction in ER visits:

- 17 fewer ER visits

Reduction in hospitalizations:

- 17 fewer hospitalizations

Reduction in inpatient costs:

- 17 fewer nights in inpatient care

Reduction in avoidable hospitalizations:

- 17 fewer nights hospitalized

The solution lies in integrated care - the coordination of mental health, substance abuse, and primary care services. Integrated care produces the best outcomes and is the most effective approach to caring for people with complex healthcare needs.

One integration program* enrolled 170 people with mental illness. After one year in the program, there were 50 fewer hospitalizations for mental health reasons. Integration works. It improves lives.

**INTEGRATION WORKS**

- 15 fewer ER visits
- 17 fewer hospitalizations
- 17 fewer nights in inpatient care
- 17 fewer nights homeless

**WHAT IS THE FUTURE OF INTEGRATED CARE?**

- More population-based services
- Screening in a formal way for behavioral health issues
- Catching problems earlier
- Caring for people at the right time, right place, and right level
- Moving towards a system that totally integrates mind and body care

Integration works. It improves lives. It saves lives. And it reduces healthcare costs.

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*A grantee of the Substance Abuse and Mental Health Services Administration’s Primary and Behavioral Health Care Integration program.
Being the victim of a crime can be a devastating experience. Victims are often overwhelmed by feelings of grief, shame, anger, helplessness and/or loneliness. That’s where Comprehensive Healthcare’s Aspen Victim Advocacy Services comes in – providing 24-hour response to the emotional and physical needs of crime victims.

We talked to Kim Foley, Program Director for Yakima County, and Dawn Brumfield, Program Director for Kittitas County, to learn more about these vital services.

**Q. WHO DOES ASPEN SERVE AND WHERE ARE THOSE SERVICES AVAILABLE?**

**DAWN:** Aspen serves victims of domestic violence, sexual assault, robbery, homicide, even identity theft. Services are FREE AND CONFIDENTIAL. We also assist non-offending family members and other support people who have been affected by a crime. We are a community based advocate. So, it doesn’t matter whether or not the crime is reported. We assist victims in dealing with the impact on all areas of their life, not only their interactions with the criminal justice system.

Our two Aspen programs serve all of Kittitas and Yakima Counties.

**Q. WHAT SPECIFIC SERVICES DOES ASPEN PROVIDE?**

**DAWN:** Each of our two programs provide slightly different services. However, we work closely together to assure that all victims get the best possible care.

Aspen of Kittitas serves victims of sexual assault and intimate partner domestic violence. Included in that is an Emergency Domestic Violence Shelter for victims and their children fleeing imminent harm and abuse.

Aspen of Yakima serves victims of sexual violence and other crimes; including but not limited to assault, human trafficking, homicide, robbery and identity theft. Aspen of Yakima provides these additional services to both Yakima and Kittitas Counties.

Other services include community education and prevention training. And, of course, crisis intervention. That could be in person or over the phone with a survivor who has recently experienced an assault. We discuss law enforcement reporting options and teach coping skills to help start the healing process. We support survivors at the sexual assault forensic exam and we can be present at an interview or hearing related to the sexual assault.

In general, Aspen serves as a liaison between the survivor and other systems such as law enforcement, courts and medical providers.
Q. WHAT IS THE ROLE OF AN ADVOCATE?

KIM: To be there, listen and support. Survivors need safety and empowerment. Our Advocate’s conversations with survivors are privileged and our records are confidential.

Advocates also inform survivors of their rights and options. Survivors have the right to be treated with dignity and respect. And they might need help prioritizing needs and determining next steps. Our role is to inform them about all the resources and services available to them.

It is also important to note what an Advocate’s role is not. It is not to provide legal advice, investigate a crime, provide therapy, be a survivor’s friend or make decisions for the survivor – like whether to report or not.

Q. ASPEN USES VOLUNTEERS – HOW DOES A PERSON GET INVOLVED AS A VOLUNTEER?

KIM: Volunteers are a vital part of our program. They literally provide thousands of hours of support each year – which double as a match on grants, extending services even more. A simple phone call to 509-575-4084 (Yakima) or 509-925-9384 (Ellensburg) will start the process. Our volunteers are prepared through a 40-hour core training. Then they can be on call. Trained staff always accompany volunteers on their first two call outs. After that they respond to calls from the hospital on their own. They interact with the primary victim and family the same way a certified staff person does. The next day, they turn the case over to the team and we take up where they left off. We frequently use volunteers to take calls on evenings, weekends and holidays. This gives our staff peace of mind to know that a dedicated and fully trained volunteer is taking calls. Volunteers have staff available to them during all shifts – so they are never totally on their own.

Q. OF ALL THE GOOD WORK THAT YOU AND THE ASPEN VICTIM ADVOCACY SERVICES TEAM DOES, WHAT IS THE MOST IMPORTANT NEED YOU FILL?

KIM: Meeting the human needs of a person who is traumatized and vulnerable is a really valuable service. Just being there for victims means a lot. It’s the best thing I’ve ever done.

“Just being there for victims means a lot. It’s the best thing I’ve ever done. — Kim Foley

Services Are...
- Provided at no charge
- Provided whether or not the crime is reported
- Provided whether or not the case is being prosecuted
- Bilingual and Multi-Cultural

24 Hour Services
Prevention Education
Advocacy Based Counseling
Legal Advocacy
Medical Advocacy
Peer Support Groups

Resources and Referrals
The cornerstone of Comprehensive Healthcare’s operating philosophy is to step-up and meet the behavioral healthcare needs of the communities they serve. When Walla Walla determined that three Crisis Beds were inadequate to meet community needs, Comprehensive said yes to building more dedicated space for local Acute Mental Health Care.

**NEW FACILITY TO PROVIDE SHORT & LONGER TERM CARE**
The new community-based residential facility in Walla Walla will be a licensed 16-bed unit providing services on two tracks; short term stays (1 – 14 days), and longer term care (up to 180 days). The short term stay provides intensive support, education and treatment to address a specific behavioral health crisis. Individuals are supported until they are linked with community resources to address longer term needs. Longer term care provides a step-down level of treatment from inpatient or psychiatric hospitalization. Both tracks allow individuals to stay in their home community, closer to primary natural supports – pastor, family, friends and co-workers – with far less disruption to their lives.

In addition to a 16-bed residential wing, Walla Walla’s Residential Treatment Facility will be home base to Comprehensive’s Crisis Outreach Team – a group of behavioral health professionals providing services out in the community. Case managers, peer counselors, nursing staff and other staff members supporting a variety of programs will also be housed in the new unit.

**BRINGING VALUE TO THE WALLA WALLA COMMUNITY**
Comprehensive Vice-President, Ed Thornbrugh, explains why the community will benefit from a local Residential Treatment Facility, “Hospitals will tell you that their Emergency Rooms are extremely busy. We work closely with hospitals to triage individuals who present with behavioral health issues. That relieves some pressure and allows the ERs to focus on emergency healthcare. If we can get those individuals early on then we can stabilize and start them in local services – which prevents the need later for inpatient or psychiatric hospitalization outside the community. It is more cost effective, too, a better deal for taxpayers.”

**COST IMPLICATIONS**
A recent study sponsored by the Mental Health Crisis Alliance explored the impact of community-based stabilization services on healthcare utilization. Specifically, they asked to
what extent the use of outpatient mental health services, inpatient hospitalization and emergency room use increases or decreases AFTER crisis stabilization. The study was conducted among the 245,800 adults living in the East Metro area of St. Paul, Minnesota.

**Here are the key findings:**

- Emergency room utilization decreased significantly post-crisis stabilization for all individuals, including “high-frequency” individuals
- Inpatient hospitalization decreased significantly for all individuals, including “high-frequency” individuals
- A cost-benefit analysis found that for every one dollar spent on crisis stabilization services, there is a savings of $2.00 – $3.00 in hospitalization costs*

**COMPREHENSIVE BRINGS EXPERIENCE**

Comprehensive opened the first crisis center in the state of Washington over 25 years ago. The concept of keeping individuals in their own communities, with all the natural primary supports and formal system supports, has been central to Comprehensive’s philosophy going back years before the original facility opened.

Currently, Comprehensive operates two Evaluation & Treatment Centers (one for youth and one for adults) and four other residential treatment facilities (Pathways, Crossroads, Stepping Stone and Gleed Orchard Manor) that offer varying levels of care. They have been in the community-based residential care business for a very long time.

“The whole idea of using a less restrictive setting to treat people in their home communities, diverting them from jails or psychiatric hospitals, has been a cornerstone of our way of thinking for as long as I can remember,” explains Thornbrugh. “And now we’re able to bring that practice to Walla Walla. That’s very exciting.”

*Study was conducted by Mental Health Crisis Alliance, St. Paul, MN. Study was approved by the DHS Institutional Review Board October 2011 and renewed in September 2012.
Welcome To Comprehensive Clubhouses!

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<thead>
<tr>
<th>Sunrise Club</th>
<th>Horizons Club</th>
<th>Rising Sun Club</th>
</tr>
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<tbody>
<tr>
<td>Yakima</td>
<td>Ellensburg</td>
<td>Walla Walla</td>
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- Members participate in a "work ordered day" - working alongside staff to prepare meals, keep clubhouse attendance records and assist with day to day club functions.

- Staff, together with members, identify job openings within the community. The club helps members locate training and education programs consistent with their chosen area of interest.

- Clubhouses are member-driven. Staff and members work together to make decisions and carry out the work of the day. This empowers members to be in charge of their own recovery.

- Social and recreational activities are member-selected and happen outside the work-ordered day - usually 4pm - 6pm.

- Clubhouses are RECOVERY ORIENTED. Many members who have a history of psychiatric hospitalization, after becoming active club members, have not returned to the psychiatric hospital. Members who were unable to obtain or maintain employment prior to coming to clubhouse now have either part-time or full-time employment.
Sylvia’s Story
(Selected by Club Members)

Prior to coming to Horizons Club, Sylvia experienced homelessness and many other struggles including surgeries. She had been to Bridges (Comprehensive’s Adult Treatment Facility) two times before coming to Horizons Clubhouse and has not been to Bridges since. She stated, “When I first came here, I said, ‘I’m not like these people.’” The first day she attended club she said, “these are my people. I do better when I come to club.”

Sylvia will attend two weeks of clubhouse colleague training in Greenville, South Carolina along with Comprehensive staff in July, 2017. Her goal is to complete the Washington State Peer Counselor Training and begin work as a peer counselor.

The experience of mental health problems can become very isolating. Having a place to belong helps strengthen the foundation for recovery in a supportive and encouraging environment.

- Greg Aubol, Team/Leader
Yakima Center
402 S. 4th Avenue
P.O. Box 959
Yakima, WA 98907
(509) 575-4084

Ellensburg Center
220 W. 4th Avenue - 98926
(509) 925-9861

Cle Elum Center
402 1st Street - 98922
(509) 674-2340

Sunnyside Center
1319 Saul Road - 98944
(509) 837-2089

Pasco Center
2715 Saint Andrews Loop, Suite C - 99301
(509) 412-1051

Goldendale Center
112 W. Main Street - 98620
(509) 773-5801

Walla Walla Center
1520 Kelly Place, Suite 234 - 99362
(509) 522-4000

White Salmon Center
432 NE Tohomish Street - 98672
(509) 493-3400

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