

Don't Close Your Psychiatric Program:
Optimize Your Assets and Improve Overall
Efficiencies in Adult Psychiatric Services

White Paper
Prepared by Horizon Health Behavioral Health Services



CLINICAL EXCELLENCE IN BEHAVIORAL HEALTH

Introduction

Is your psychiatric program fully functional and contributing to the assets of the hospital?

- If not, do you really know what the problems are with the program?
- Are you relying only on the opinions of those closest to the problems?
- All agree that there are problems. Where do you go from here?

One of your options is to close the program entirely and suffer community backlash that is certain to come if you eliminate this resource in your community. The lack of psychiatric departments in community hospitals adversely affects the entire community.

Closing an adult psychiatric program in a community hospital does not fully relieve the hospital of the public mental health burden. As long as the emergency department (ED) remains open, the hospital is obligated to admit patients and protect them from injuring themselves or others. However, EDs are generally not equipped to provide mental health treatment. Nor can community outpatient, residential, or freestanding treatment facilities provide all of the care needed by some patients.

Your best course of action is to get an informed opinion from someone familiar with diagnosing and treating dysfunctional hospital-based behavioral health programs.

“It is an absolute tragedy when a hospital feels there is nothing that can be done to resolve the complicated problems that plague their psychiatric program. Many facilities simply do not have the breadth of experience to accurately diagnose the problems and develop an effective plan to resolve the troublesome issues. Some of our most successful programs were on the chopping block at one time and are now strong performers for our client hospitals.”

*Jack DeVaney
President, Horizon Health*

The Challenge

Operating an adult psychiatric program that meets the needs of the community in a fiscally responsible manner can be a challenge, especially if behavioral health is not what you do, all day, every day.

Hospitals in general do not have a clinical model or framework to provide behavioral health services. The standard model in most hospitals is medical surgical; not the same as behavioral health. The challenges for a psychiatric unit are different. Often there is minimal behavioral health administrative oversight present in the hospital. Without this oversight:

- On-site training of psychiatric staff is minimal at best.
- The financial performance of the program wanes.
- The census declines without solid referral sources.
- There is no system in place to manage patients during and after discharge.
- Physicians may not be cooperating.

