



EBHH | FREQUENTLY ASKED QUESTIONS

Scripps and Acadia both share a strong commitment to patient care. Since our partnership was announced, there has been some incomplete and incorrect information about the project circulating in the community. We would like to take this opportunity to correct these misconceptions and share the facts about this important public health project.

■ THE PROJECT

What exactly is being built?

Scripps Health has entered into a partnership with Acadia Healthcare to develop and operate a new behavioral health hospital to help address the significant unmet need and increasing demand for high quality behavioral health treatment for patients in our community. The plan proposes a one-story hospital with 120 inpatient beds with a single entry from Showroom Place. It will be a new, modern behavioral health hospital utilizing the latest design elements and state-of-the-art safety and security features to maximize patient comfort and clinical outcomes. Acadia and Scripps will be working to help ensure that the new facility meets and exceeds patients' behavioral health needs while also working collaboratively and transparently with our neighbors to address any legitimate concerns.

Will this hospital be like the County Mental Health Hospital? In what ways is similar or different?

Both the Eastlake Hospital and the County Mental Hospital (CMH) will be/are free standing LPS-designated hospitals allowing for involuntary detention of patients. Both hospitals will be or are accredited by The Joint Commission and certified by the Center for Medicare and Medicaid Services (CMS). Both are or will be licensed by the California Department of Public Health as an acute psychiatric inpatient facility.

The Eastlake Hospital will serve the adolescent, adult, and senior populations. It will be able to accept all payors - commercial and government funded - while CMH focuses on the underfunded or unfunded population. CMH also only serves the adult population.

While the Eastlake Hospital will have an intake department and allow for some walk-in patients, walk-ins will be less significant than at CMH. Patients admitted to the Eastlake Hospital will primarily be brought in after medical clearance at

other facilities or after they have been seen and cleared by a medical professional or, in some cases, by an EMT. CMH has an Emergency Screening Unit to triage patients that either walk in or are brought in by law enforcement. CMH also operates a Crisis Stabilization Unit (CSU) that allows for patients to stay for up to, but not to exceed, 24 hours. Once stabilized they are referred to another level of care. The Eastlake hospital does not plan to have a CSU attached to their facility.

CMH provides psychiatric clearance for the incarcerated population that are released from the jail and tends to receive many forensic patients. The Eastlake Hospital will not include a forensic unit.

The Eastlake hospital will also have robust outpatient mental health offerings such as intensive outpatient and partial hospitalization programs while CMH has limited outpatient offerings and uses community resources to complete the continuum of care.

■ PATIENT CARE AND OPERATIONS

What behavioral health issues will be treated at the new facility?

The new hospital will provide crucially needed therapeutic and compassionate inpatient and outpatient behavioral health services to a wide range of patient populations including adolescent, adult, and geriatric. Specialized programs for active duty military and veterans will also be offered.

Patients receiving treatment at the hospital will typically be experiencing significant behavioral health medical conditions including, but not limited to, major depression, severe anxiety, bipolar disorder, Post-Traumatic Stress Disorder (PTSD), suicidal ideation, schizophrenia, psychosis, and other often co-existing conditions requiring a comprehensive individualized approach to care. The level and intensity of care will be determined by the attending psychiatrists in consultation with other members of the treatment team based on the patient's clinical presentation, medical history, and the latest evidence-based clinical best practices. The hospital will be designed to accommodate a wide range of treatment settings, including for involuntary status patients who may at times require a more secure and structured

environment for their own safety and the safety of those around them. It is also critical to note that the hospital will serve as a community health resource and not as any type of punitive, law enforcement related detention or residential treatment center, jail, or a halfway house.

What are the demographics of patients treated at hospitals like this?

The need for behavioral health services crosses all socio-economic, cultural, and geographic boundaries. Inpatient behavioral health hospitals provide crucially needed behavioral health services to a wide range of patient populations including adolescent, adult, and geriatric. At Acadia's two inpatient hospitals in California, a wide demographic of patients are treated. Patients include working professionals, teenagers and college students, seniors, and more.

- 59.6% of the patients are male
- 40.4% of the patients are female
- A total of 5,100 patients have been treated over the last three years
- 3% of these patients were classified as homeless (i.e., no stable living arrangements)

There have been concerns expressed about Acadia's quality of care due to stories about negative incidents at other Acadia facilities. How can Scripps be confident that Acadia is the right partner?

Scripps conducted a comprehensive review of Acadia before making the decision to embark on this joint venture. This review found that Acadia has demonstrated, multi-year clinical record of providing high-quality behavioral health care in California, the U.S. and abroad. Acadia Healthcare is the largest private exclusively focused specialty behavioral health treatment provider in the U.S., successfully providing evidence-based, compassionate care to millions of patients annually across over 500 care centers, including in California. All Acadia facilities are fully licensed in each state and accredited by independent, respected third party organizations with decades of experience conducting robust inspections and quality care clinical assessment surveys on behalf of the federal government, including The Joint Commission (TJC) and Commission on Accreditation of Rehabilitation Facilities (CARF). In the entire 12-year history of Acadia during which time millions of patients were treated at hundreds of care sites across the country, zero Acadia facilities have ever failed to be accredited, re-accredited, lost its state hospital license or been de-certified by CMS or any other government program.

The fact is that no hospital or health system providing treatment to millions of patients annually, whether behavioral health or acute care, is ever completely immune from isolated incidents or undesirable patient outcomes. By its nature, the healthcare industry carries inherent risk as its "customers" – the patients – seek services because they are sick. Acadia's record for patient care is strong and its rate of serious incidents involving patients is low. Over a three-year period from 2016-2018 there were a total of 2,496 incidents that occurred over nearly 456,000

patient admissions, a rate of about one-half of one percent of all patient admissions. (Serious incidents include major injuries or impairments, patient death, and allegations or occurrences of abuse, negligence, error, or omission that affects rendering of professional services).

When patients are discharged, how do you ensure that they are not discharged "to the street," potentially loitering in the area? If these patients remain in the community will they pose a risk to the health and safety of the community?

Patients will receive care until the attending psychiatrist, in consultation with the other members of the clinical team, determines that safe discharge is clinically indicated based on the patient's treatment progression and individual circumstances. Prior to discharge, all patients must have a detailed discharge plan that outlines the specifics of the transition to and location of their next stage of care (e.g. nursing home, residential treatment center, long term rehabilitation, transitional or temporary housing, personal residence).

The Eastlake Hospital will follow Acadia's policy that all patients be provided with arranged transportation to the specific post treatment care location upon discharge. The lack of such a post discharge plan (including the arranged transportation component) will likely comprise an important determining factor on whether discharge is clinically appropriate. While a patient that is deemed medically fit for discharge cannot be forced to accept transportation, the experience at Acadia's two inpatient behavioral health hospitals in California (that are similar to the proposed Eastlake hospital) demonstrate that this rarely, if ever happens. Records at Pacific Grove Hospital in Riverside and San Jose Behavioral Health Hospital in San Jose indicate that two patients have refused transportation to their next destination after discharge over the last three years. Therefore, the concern about patients loitering in the neighborhood is unlikely to be an issue.

With respect to whether discharged patients would pose a risk to the health and safety of the community, contrary to sensationalized stereotypes and misconceptions the vast majority of people with mental health problems are no more likely to be violent than anyone else. Most people with mental illness are not violent and only 3%–5% of violent acts can be attributed to individuals living with a serious mental illness. In fact, people with severe mental illnesses are ten times more likely to be victims of violent crime than the general population. It is more than likely that we all know someone with a mental health problem and do not even realize it, because many people with mental health problems are highly active and productive members of our communities.

Will all behavioral health patients from Emergency Departments be sent to this new facility?

No. First responders triage behavioral health patients to the closest emergency department for immediate clinical assessment and medical clearance. For example, if a patient is transported to Scripps Mercy Hospital Chula Vista and clinically indicated

for inpatient treatment, it is the hospital's responsibility to identify suitable options for a clinically appropriate treatment facility based on a variety of factors such as bed availability, acuity (severity and type of condition), proximity to family, and insurance. Patients and their families are often provided various choices based on these multiple factors. If they go to the Eastlake facility, the hospital will arrange for medically supervised transportation there. Other patients may be referred by primary care physicians, outpatient behavioral health programs, schools or senior care facilities, or in rare cases, self-referral.

Can military families be treated at the new facility?

Yes. The plan is for the hospital to accept Tricare, which is the primary Department of Defense behavioral health insurance program. Acadia behavioral health facilities across the country are proud to provide specialized care to our valued service members from all military branches and we look forward to continuing this tradition at the Eastlake facility, a community with a significant military presence. All insurance coverage accepted at Scripps will also be accepted at the new facility.

■ SAFETY AND SECURITY

How can you ensure the facility is safe and secure?

Protecting the safety and security of patients, staff, and the surrounding community is of paramount importance to Scripps and Acadia and a responsibility we take very seriously. The hospital's design and operations will integrate many patient safety and security measures. These include, but will not be limited to, fencing and landscaping barriers, 24-hour security patrols, closed circuit security camera monitoring including exterior and common areas (e.g. lobby, cafeteria, visiting area), 15-minute patient safety checks (minimum, as some patients may require more frequent checks), and controlled access to and from the facility.

How will you ensure patients will not be crossing to neighboring residential areas, including schools?

The Eastlake behavioral health hospital will be a secure, locked facility. All access into and out of the hospital and between units within the hospital remain locked at all times and can only be opened with authorized key card access. As outlined in the proposal, the facility's design includes a single public ingress and egress point at the end of the Showroom Place cul-de-sac, with no accessibility from either the side or rear area of the property. Secure fencing will surround the property's perimeter, as well as a dedicated fire lane bracketed by robust landscaping.

What happens if a patient escapes or leaves without authorization? Will this pose a danger to our neighborhood?

Elopement is a common behavioral health industry term to indicate that a patient receiving inpatient care has departed the hospital without the consent or knowledge of the facility's clinical staff and in the absence of a formal discharge determination and plan. Elopements from secure, inpatient behavioral health hospitals are rare occurrences. At Acadia's inpatient behavioral health hospitals over a three-year period from 2016-2018, a total of 643 elopements occurred over nearly 456,000 patient admissions, a rate of about one-tenth of one percent of all patient admissions. More than 99% of these elopements were of a short duration (less than 24 hours) and did not involve any injuries to patients or staff, criminal activity, property damage, nor disturbances to any surrounding business or residential communities.

Acadia adheres to strict protocols and policies to limit the number and severity of elopements. These include detailed assessment and screening for such behaviors at admission, significant security features at all facilities and immediate response in the uncommon instances when they do occur (police, family/next of kin, and attending physician are immediately notified).

Acadia consistently endeavors to adopt and refine its policies and procedures to further reduce the prevalence of elopements. The Eastlake hospital will utilize the latest design features, including those intended to diminish the frequency and severity of elopements. We also believe it is important to place the issue of elopements in an appropriate and objective context, including balancing these isolated, rarely detrimental events with the overall positive public health value and benefit that the Eastlake hospital will provide to thousands of patients in need and their families.

Will this facility result in increased calls for police and emergency services? Chula Vista currently does not have enough police and Eastlake has the fewest patrols assigned to handle issues arising from the facility or from those released.

Emergency calls (including for police assistance) from inpatient behavioral health hospitals, including those in the Acadia Healthcare network, are uncommon. Over a three-year period from 2016-2018 at Acadia's inpatient hospitals there were a total of 1,079 calls for service that occurred over nearly 456,000 patient admissions, a rate of about one-fourth of one percent of all patient admissions. This is in large part due to the training and expertise of the hospitals' clinical staff who specifically equipped to deal with the unique needs of behavioral health patients (including advanced de-escalation and in rare cases, safe restraint techniques). Given these facts, potential emergency service calls whether to police, fire, or EMS are not expected to produce any appreciable effect nor "drain" on these public resources.

Can a facility like this help law enforcement?

Increasing the supply of inpatient behavioral health beds can be a benefit to police. When police officers respond to a call that involves a citizen with a potential behavioral health issue, if there are no beds available in behavioral health hospitals authorized for police drop-off, they must take them to the nearest Emergency Department and wait until that patient can be seen by a physician, a process that takes the officers out of service for an average of four to six hours. By contrast, if a bed is available in a hospital authorized for police drop-off, the intake process is much faster and police would be out of service for only about a half hour. Because of the significant lack of beds to meet our community's behavioral health needs, it is rare that beds are available so police are forced to go to overburdened Emergency Departments.

It is up to the County of San Diego to determine whether the Eastlake Hospital would be identified as a police drop-off location. If the County determines that the Eastlake facility will be an approved police drop-off location, police could drop off people they encounter who are potentially in need of psychiatric care and who have not been involved in a crime or who are not in need of medical care.

■ FACILITY LOCATION

Isn't it inappropriate to locate a facility like this near a residential neighborhood?

It is common for behavioral health facilities to be located in close proximity to homes, schools, houses of worship, and businesses. In San Diego County, Aurora Behavioral Health in Rancho Bernardo, Bayview Behavioral Health Hospital in Chula Vista, and Sharp Mesa Vista in Kearny Mesa are located in commercial areas in close proximity to residences. Acadia's two hospitals in California, Pacific Grove in Riverside and San Jose Behavioral Health in San Jose, are located in close proximity to homes, childcare facilities, churches, and more. Both of these hospitals enjoy positive relationships with their neighbors. In fact, the Riverside Planning Commission recently approved a new Conditional Use Permit for Pacific Grove to expand the hospital and they removed the requirement for on-site security because they felt it was not needed.

The Eastlake Hospital is proposed for a 10.5-acre site within a commercial district in Eastlake. The site's zoning allows for a hospital use with a Conditional Use Permit. While there is a residential neighborhood nearby, it is separated from the property by both topography and infrastructure, and there is no legal direct access between the property and the adjacent neighborhood. The proposed project also includes a perimeter wall and significant landscaping that will provide an additional buffer between the facility and the nearby neighborhood.

Will this hospital cause an increase in loitering and homelessness in the area?

Because hospital policy will ensure that discharge plans include secure transportation for patients to their home or next care site, loitering and trespassing near the hospital is not anticipated to be an issue.

With respect to homelessness, only about 3% of the patients in Acadia's other two hospitals in California are homeless or have an insecure housing situation. For these patients, state law requires that the hospital provide them with the following upon discharge:

- Physical exam/determination of stability for discharge
- Referral for follow-up care (medical, behavioral health)
- If follow up with behavioral health is required, patient will receive treatment and/or information for referral to an appropriate provider, and if applicable, the hospital will make a good faith effort to contact one of the following: patient's health plan, primary care provider, or other provider
- Meal, unless medically contraindicated
- Weather-appropriate clothing
- Discharge medications and/or prescriptions if no outpatient pharmacy on-site
- Infectious disease screening and vaccinations in accordance with current guidelines from San Diego County Public Health Services
- Transportation to a post-discharge destination (if not being transferred to another licensed healthcare facility)
- Screening and/or enrollment in an affordable coverage health plan

Does a standalone inpatient behavioral health hospital need to be located near a medical acute care hospital and other services?

No. Patients will be admitted to the hospital to receive treatment for behavioral health conditions not requiring intensive, simultaneous medical treatment of the type undertaken at a medical/surgical facility. Like all licensed hospitals, the Eastlake Hospital's clinical staff will have the full ability to safely provide for the needs of its behavioral health patients who in some cases may also be living with chronic but stable medical conditions such as diabetes, heart disease, hypertension and those affecting mobility. Therefore, the lack of co-location with or immediate proximity to a medical/surgical hospital or related acute care treatment sites will not negatively impact the hospital's ability to provide high level, quality care to its patients.

Support services such as daily medical visits by an internist, nutrition support, and physical therapy will be provided at the hospital. Outpatient services will also be provided for inpatients ready for step down care, and social workers will be employed by the hospital to facilitate referrals and transfers to follow-on care facilities and housing for those that need it.

■ SCRIPPS / ACADIA PARTNERSHIP

Why did Scripps partner with Acadia?

Collaborations with other organizations that specialize in particular focus areas of care make sense for Scripps' patients and for the organization. Scripps has entered into such collaborative arrangements in the past and will continue to do so where appropriate. To better serve patients with complex behavioral health care needs, Scripps undertook a comprehensive search and evaluation of potential behavioral health partners. Acadia Healthcare was selected because of its deep expertise and multi-year, demonstrated clinical record in the highly specialized field of inpatient and intensive outpatient behavioral health in communities across California, the U.S. and abroad. Its mission is to create behavioral health centers where people receive care that enables them to regain hope in a supportive, therapeutic, and compassionate environment. Acadia is an established California healthcare provider with 22 facilities in the state, offering care to hundreds of thousands of patients, employing nearly 1,000 Californians across the state, and paying millions in state and local taxes.

Is this the first time Acadia has partnered with a health care organization?

Acadia and its subsidiaries operate hundreds of facilities (including more than 55 inpatient facilities), many in partnership with respected health care providers like Scripps Health. Some of these partnerships include South Coast Health in Massachusetts, Baptist Memorial Health in Memphis, and Ochsner Health in Louisiana. These partnerships allow for Acadia and their partners to provide comprehensive, specialized and integrated healthcare services to patients in communities across the country, many of which face significant shortages of high-quality behavioral health treatment providers.

What role will Scripps play in the operations and clinical oversight of the new facility?

The behavioral health hospital in Eastlake will be operated as a joint venture between Scripps Health and Acadia Healthcare. Scripps leaders will be part of the joint committee with oversight of quality of care, patient safety, innovation, and access. The board will be responsible for approval of the chief medical officer, the chief nursing officer, and other senior executives, including the facility CEO.

Will Scripps continue to provide any behavioral health services going forward?

Yes. In addition to jointly managing the new facility with Acadia, Scripps hospitals will continue to provide behavioral health professionals in their emergency rooms to conduct patient triage and clinical assessments. Each hospital will continue to

employ social workers, case managers and psychiatric nurses to treat patients with co-existing behavioral health conditions. Consulting Psychiatrists will remain at each facility. The Psychiatric Liaison team will also continue to operate within Scripps to assess and coordinate care and disposition of patients with psychiatric disorders. The A Visions supportive employment program will also evolve in partnership with Acadia. Scripps will continue its collaboration with behavioral health organizations throughout the region, such as Family Health Centers and Hazelden Betty Ford, and will continue to work closely with other health care providers to ensure continuity and quality of care.

■ OTHER QUESTIONS

How many jobs will the facility bring to the area?

The Eastlake Behavioral Health Hospital will have approximately 150 total employees, led by a Chief Executive Officer, Chief Medical Officer, and Chief Nursing Officer. Employees will include physicians, nurses, mental health technicians, intake directors, administrators, maintenance staff, and more. In addition, the project will result in an additional 100 temporary construction jobs.

The County of San Diego announced last year the possible development of a facility in the Hillcrest area. If this facility is approved, will your facility still be needed?

Absolutely. The significant unmet need for behavioral health treatment options is recognized throughout the U.S. and our community is certainly no exception. The historical stigma and unfair stereotypes associated with mental illness and treatment are slowly being reduced in light of the increasingly realization that the epidemic cuts across all socio-economic, ethnic, racial, and religious lines and truly impacts people from all walks of life and communities.

There are inherent challenges to finding suitable treatment locations for vulnerable populations, most notably individuals suffering from mental illnesses, and expanded treatment options are needed more than ever before. This includes an increase in inpatient treatment, as well as other outpatient services. We're glad to be able to do our part in helping these underserved patients. The individuals who will receive treatment at the Eastlake facility will come from all walks of life and socio-economic backgrounds representing communities across San Diego. They are our friends, family, colleagues, and neighbors.

What are the traffic impacts with this facility?

A traffic study will be conducted as part of the environmental review for the project. This study will identify any potential impacts that could occur as a result of the new facility and will propose mitigation for any impacts identified.

How will this facility affect property values?

A study by the Journal of Sustainable Real Estate entitled “Not in My Backyard: The Effect of Substance Abuse Treatment Centers on Property Values” stated that property values would suffer.

The study cited above examined the affect that a residential substance abuse treatment center located within a specific neighborhood would have on property values. This is a wholly different type of facility than the proposed behavioral health hospital in Eastlake. Further, it is proposed in a commercial area and not a residential neighborhood. Given these differences, the study does not provide a relevant or factually analogous comparison.

A variety of studies have been conducted about how various community facilities may affect property values. Some have identified small negative correlations, while others did not identify any statistically valid negative correlations. For example, a 2019 study published by the National Bureau for Economic Research conducted by researchers at the University of New Mexico and Temple University and covering a period of 13 years, found no negative property value changes as a result of substance abuse treatment facilities located within residential neighborhoods.

Residential property values are dynamic and influenced by a number of factors, including supply and demand, economic outlook, location, proximity to and quality of schools, unemployment rates, and mortgage interest rates, among many others. It is therefore very difficult to attribute one specific factor to an increase or decrease in property values.