



# **BEHAVIORAL HEALTH SERVICES**

## **AT LAGUNA HONDA**

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**Yifang Qian, MD, PhD**  
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# Our People

SW/Counselors	Psychologists	Psychiatrists	Others
Tamara Orzynski	Brenda Austin	Vera Chow	Students
Yanhui Luo	Tera Bonora	Michael Coleman	(*Jeanette Cavano)
Joy Walker	Erika Zipf-Williams	Bill Prince	*Judith Martin
Bill Dailey	Michael Rodevich	Michael Geiser	*Valerie Gruber
Emily Taplin	Michelle Murphy	Yifang Qian	*Ravi Mehta

Started before 2013

Started after 2013

\* = DPH consultants



# Behavioral Health Services

- **Assessment and Recommendations**
  - **Therapy and Treatment**
  - **Urgent/Crisis Consult**
  - **Ongoing support for and collaboration with RCTs**
  - **Behavioral Screening for new referrals**
  - **Discharge Planning Support**
  - **Projects/Committees**
  - **Training**
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# Assessments & Recommendations

<b>E-Referrals</b>	<b>CY 2013</b>	<b>Jan-July 2014</b>
<b>Psychiatry</b>	<b>249</b>	<b>148</b>
<b>Psychology/Neuropsych</b>	<b>385</b>	<b>199</b>
<b>SATS</b>	<b>207</b>	<b>121</b>



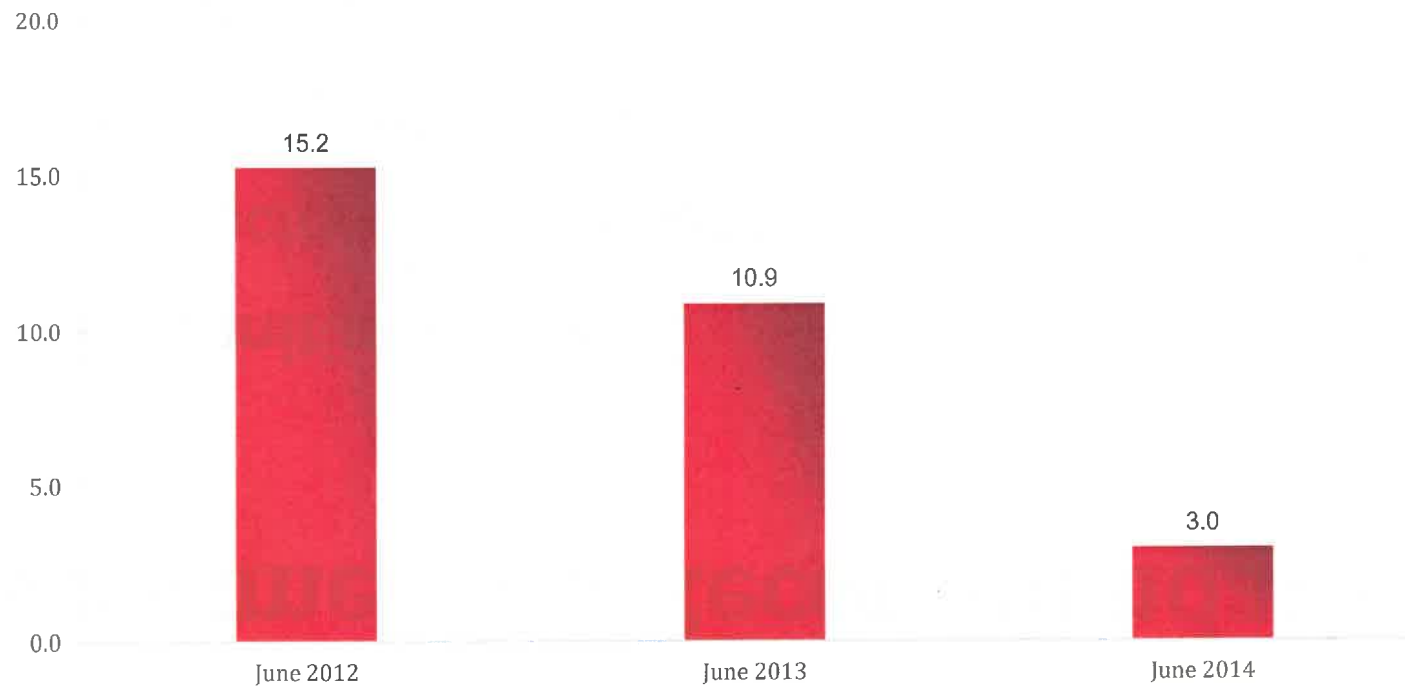
# Assessments & Recommendations

- Includes initial/ongoing:
    - capacity eval/conservatorships
    - health and behavior
    - neurocognitive
    - psychiatric
    - psychological
    - substance use
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# Assessments & Recommendations

## Timely Access

**Psychiatry and Psychology**  
Average Days between Referral and First Encounter





# Treatment and Therapy

- **Cognitive remediation**
  - **Health and behavior counseling**
  - **Medication management**
  - **Psychotherapy (individual/group)**
  - **Substance use counseling and groups**
  - **Special programs:**  
e.g. **Ash Kickers, Laguna Honda Premier Club**
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# Patient Flow Support

- Behavioral Screening for admissions
- Discharge Planning Support:
  - Referral for residential substance abuse treatment
  - Referral for dual diagnosis programs
  - Referrals for outpatient substance abuse treatment
  - Behavioral Placement Rounds



# Training

- **System wide**

Relationship Centered Communication, Trauma Informed System

- **Hospital Wide**

SMART curriculum, HWO on SATS, Behavioral Management Roadmap

- **Med Staff**

Buprenorphine; Medications for Addiction; LPS and Probate conservatorships

- **RCTs**

behavioral huddles/rounds, personality disorder, schizophrenia basics, (working on TBI basics and mania basics) ...

- **Students**



# Urgent/Crisis Consult

- Urgent pager during the day
- Night/weekend on-call
- Crisis evaluation/intervention
- Safety Incidence Response Team (SIRT)



# Behavioral Health Services

- Assessment and Recommendations
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  - **Ongoing support for and collaboration with RCTs**
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  - Projects/Committees
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# Ongoing Support and Collaboration

- RCTs want psych/SATS staff expertise and presence
- Evidence based practice
- Most LHH patients have some behavioral risk factors due to conditions affecting the brain:

**Cognitive Impairment**

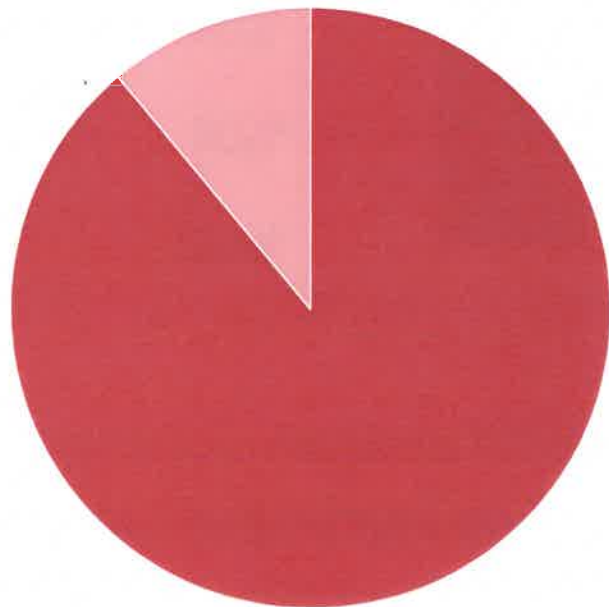
**Psychiatric Disorders**

**Substance Use History**

**Other Medical Conditions**

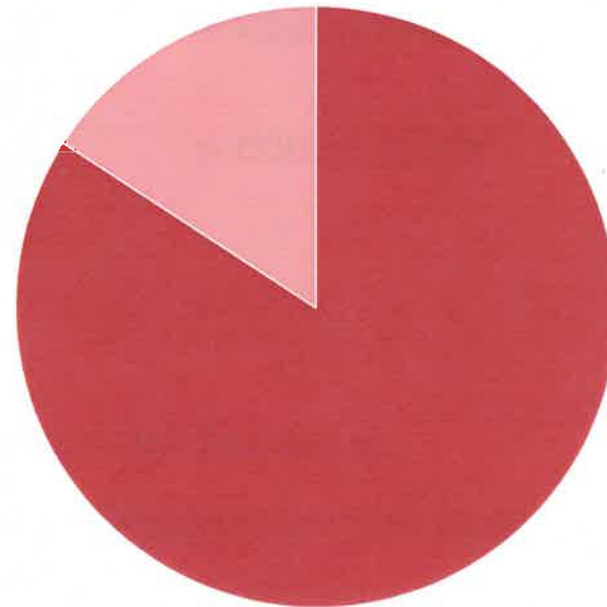
After an initial consultation is completed, do you believe that you or the RCT have an adequate understanding of how to manage the patient's needs?

MDs



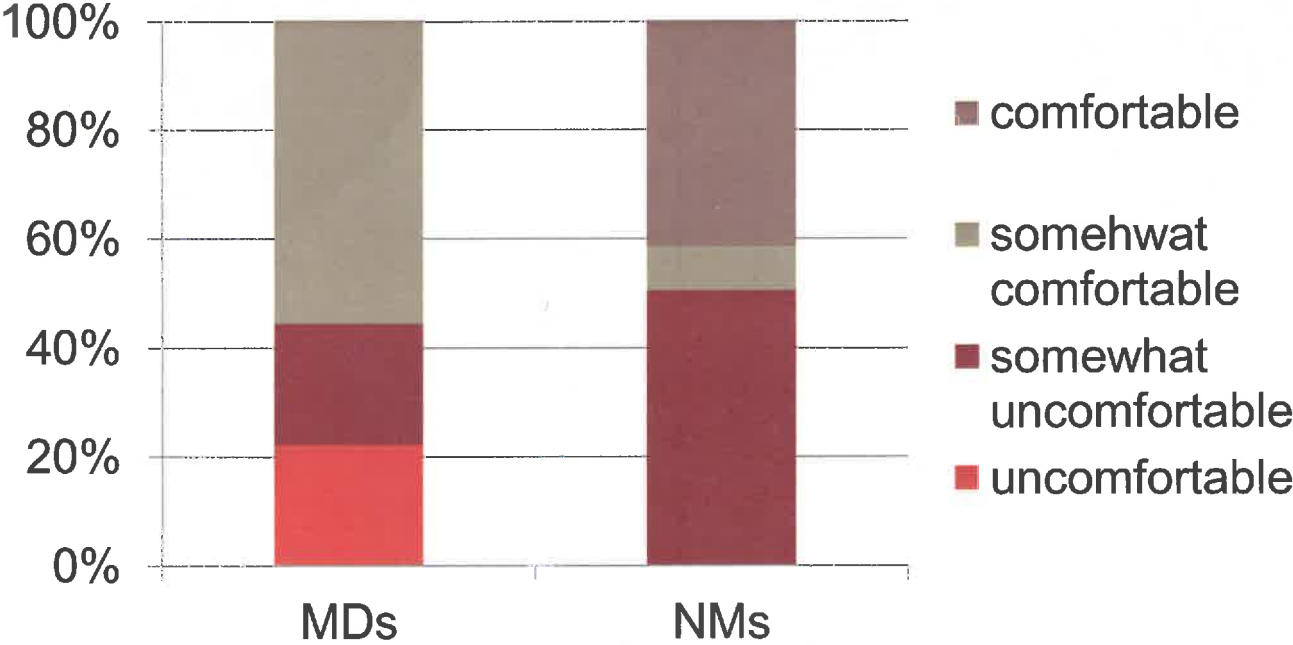
■ Yes  
■ No

Nurse Managers



■ Yes  
■ No

**How comfortable do you/your staff feel about handling problematic behaviors without psych/SATS staff physically present?**



# Ongoing Support and Collaboration

## Models of Mental Health Services in Nursing Homes

“The least effective model involved traditional consultation-liaison service in which a lone clinician provided a one-time, written consultation on an as-needed basis.”

“...studies suggest that preferred practice includes the routine presence of qualified mental health clinicians in the nursing home, that optimal services are interdisciplinary and multidimensional, and that the most effective interventions blend innovative approaches to training and education with consultation and feedback on clinical practices.”

# Ongoing Support and Collaboration

## Psych Liaison Matrix

- **Model:**

a group of psych/SATS staff instead of one person  
unit-specific ongoing behavioral management support

- **Rationale:**

Difficult for individual staff to be the lone liaison

Psych/SATS staff presence desired by the RCTs

Literature review – evidence based

More proactive involvement instead of reactive

Balancing demands for individual consults vs ongoing support



# Ongoing Support and Collaboration

## Psych Liaison Matrix

- **What does it look like:**

- consult on individual cases

- urgent/crisis back-up

- regular behavioral rounds/huddles

- attended by a group of psych/SATS staff

- attended by CNS, manager, exec partner

- information from direct care staff

- problem solving approach for specific behavioral health issues

- proactive

- training/coaching of direct care staff

# Ongoing Support and Collaborations

## Ash Kickers

- Smoking cessation psychoeducation group
- 6-week-program (12 one-hour sessions, 2x/wk)
- Learning, understanding, coping, relapse prevention
- In collaboration with other disciplines
- Combined with ongoing support for staff

- Data:

4 rounds since August 2013

28 residents attended so far

34 quit smoking (16 AK attendees)



# Ongoing Support and Collaborations

## Laguna Honda Premier Club (LPC)

- Neurobehavioral day program
  - Budget initiative
  - Highly structured approach based on residents' functional abilities, interests and choices
  - Nurturing and improving function through socialization and communication
  - In collaboration with RCTs
  - Combined with ongoing support for staff
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# Ongoing Support and Collaborations

## Laguna Honda Premier Club

### Resident Choices

**Social Skills**

**Cognitive**

**Wellness**

**Art**

**Leisure**

**Sensory**

**Community Skills**

**Nostalgia**

**Internet**

**Outings**

**Sit Down Supper**

# Ongoing Support and Collaborations

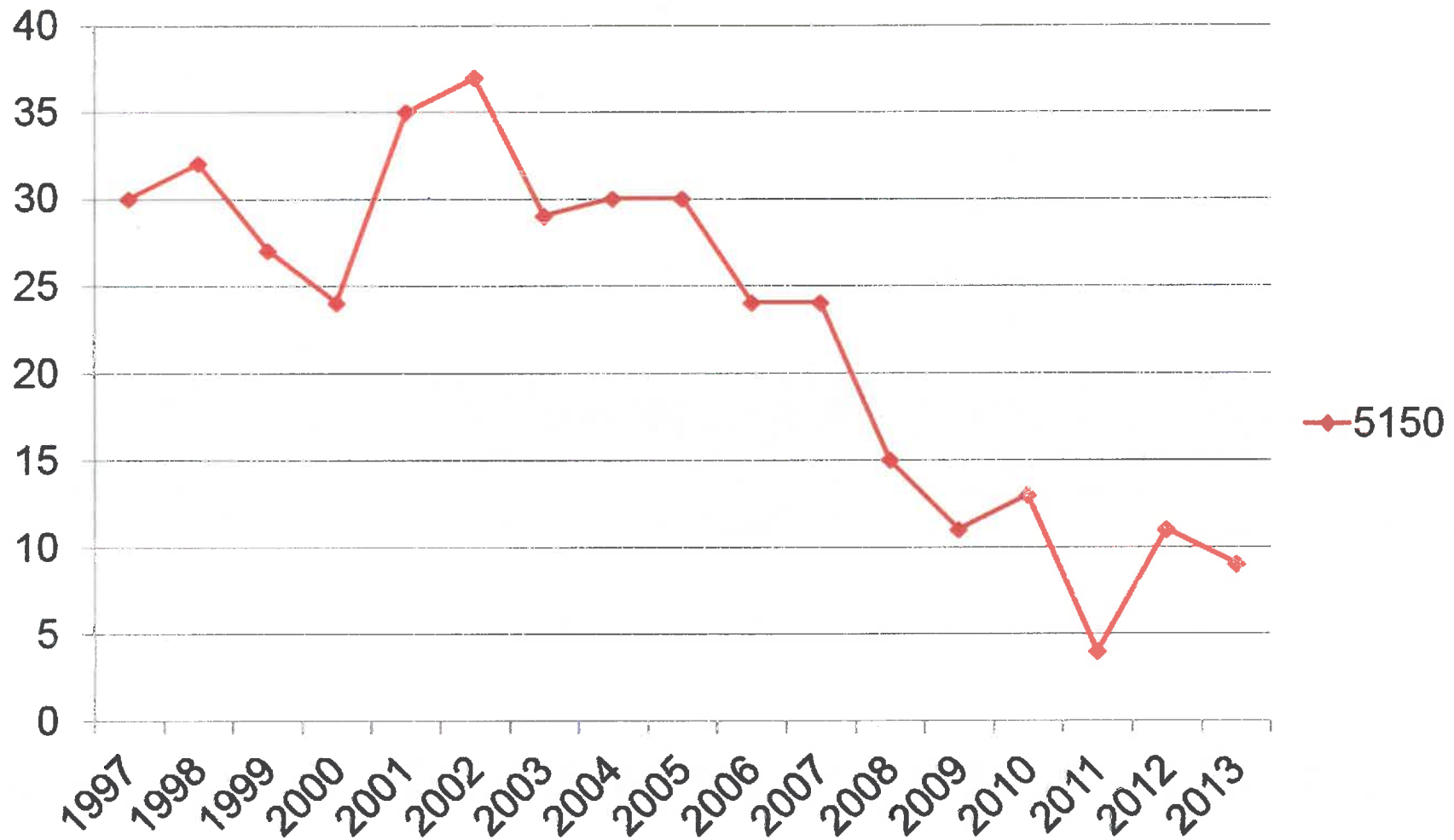
## Laguna Honda Premier Club Data

Month	Unique Residents Served	Total Resident Slots Attended	Total Resident Hours Scheduled	Avg. min spent per rt per am/pm
June 2014	28	169	243 hrs	86.3
July 2014	41	284	420 hrs	88.9
August 2014	75	454	803 hrs	106.3

### Other Tracking:

- Attendance
- Participation
- Behavior
- Feedback

# 5150's over the years



# Future Direction





**SFHN**

## Behavioral Health Integration

*“As we move deeper into our integration efforts, we have an opportunity to work together to build a coherent behavioral health system of care for the patients of SFHN. **This includes community, urgent, emergent, acute, long term, and ambulatory care.** By applying the triple aim through the lens of wellness and recovery, together we will work meet the behavioral needs of San Franciscans who access care through SFHN.”*

- Roland Pickens

Director, San Francisco Health Network

May 21, 2014





# WELLNESS

## Team Development

### Psych Department Retreat

Reviewed mission, goals, projects, tasks

Staff feedback, concerns, priorities

### Team Development Measures

Evidence based tool

Measures team development

Used in health care teams

#### Domains

Team Cohesiveness 80%

Team Communication 63%

Role Clarity 57%

Goals/Meaning Clarity 57%



# **SERVICE DELIVERY IMPROVEMENT**

## **Ongoing Support and Collaboration**

- **Psych Liaison Matrix**
- **Quality Improvement and Metrics**
- **Interdisciplinary Collaboration**



**Thank You!**

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**Questions?**