BEHAVIORAL HEALTH SERVICES

AT LAGUNA HONDA

Yifang Qian, MD, PhD
September 9, 2014
# Our People

<table>
<thead>
<tr>
<th>SW/Counselors</th>
<th>Psychologists</th>
<th>Psychiatrists</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tamara Orzynski</td>
<td>Brenda Austin</td>
<td>Vera Chow</td>
<td>Students</td>
</tr>
<tr>
<td>Yanhui Luo</td>
<td>Tera Bonora</td>
<td>Michael Coleman</td>
<td>(*Jeanette Cavano)</td>
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<tr>
<td>Joy Walker</td>
<td>Erika Zipf-Williams</td>
<td>Bill Prince</td>
<td>*Judith Martin</td>
</tr>
<tr>
<td>Bill Dailey</td>
<td>Michael Rodevich</td>
<td>Michael Geiser</td>
<td>*Valerie Gruber</td>
</tr>
<tr>
<td>Emily Taplin</td>
<td>Michelle Murphy</td>
<td>Yifang Qian</td>
<td>*Ravi Mehta</td>
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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
# Assessments & Recommendations

<table>
<thead>
<tr>
<th>E-Referrals</th>
<th>CY 2013</th>
<th>Jan-July 2014</th>
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</thead>
<tbody>
<tr>
<td>Psychiatry</td>
<td>249</td>
<td>148</td>
</tr>
<tr>
<td>Psychology/Neuropsych</td>
<td>385</td>
<td>199</td>
</tr>
<tr>
<td>SATS</td>
<td>207</td>
<td>121</td>
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Assessments & Recommendations

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

Timely Access

Psychiatry and Psychology
Average Days between Referral and First Encounter

June 2012: 15.2
June 2013: 10.9
June 2014: 3.0
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
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

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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."

Bartels et al., Models of Mental Health Services in Nursing Homes: A Review of the Literature. PSYCHIATRIC SERVICES 2002 53(11) 1390-1396
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
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

<table>
<thead>
<tr>
<th>Month</th>
<th>Unique Residents Served</th>
<th>Total Resident Slots Attended</th>
<th>Total Resident Hours Scheduled</th>
<th>Avg. min spent per rt per am/pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2014</td>
<td>28</td>
<td>169</td>
<td>243 hrs</td>
<td>86.3</td>
</tr>
<tr>
<td>July 2014</td>
<td>41</td>
<td>284</td>
<td>420 hrs</td>
<td>88.9</td>
</tr>
<tr>
<td>August 2014</td>
<td>75</td>
<td>454</td>
<td>803 hrs</td>
<td>106.3</td>
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**Other Tracking:**
- Attendance
- Participation
- Behavior
- Feedback
5150’s over the years
Future Direction
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
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/Means Clarity: 57%
SERVICE DELIVERY IMPROVEMENT

Ongoing Support and Collaboration

• Psych Liaison Matrix
• Quality Improvement and Metrics
• Interdisciplinary Collaboration
Thank You!
Questions?