

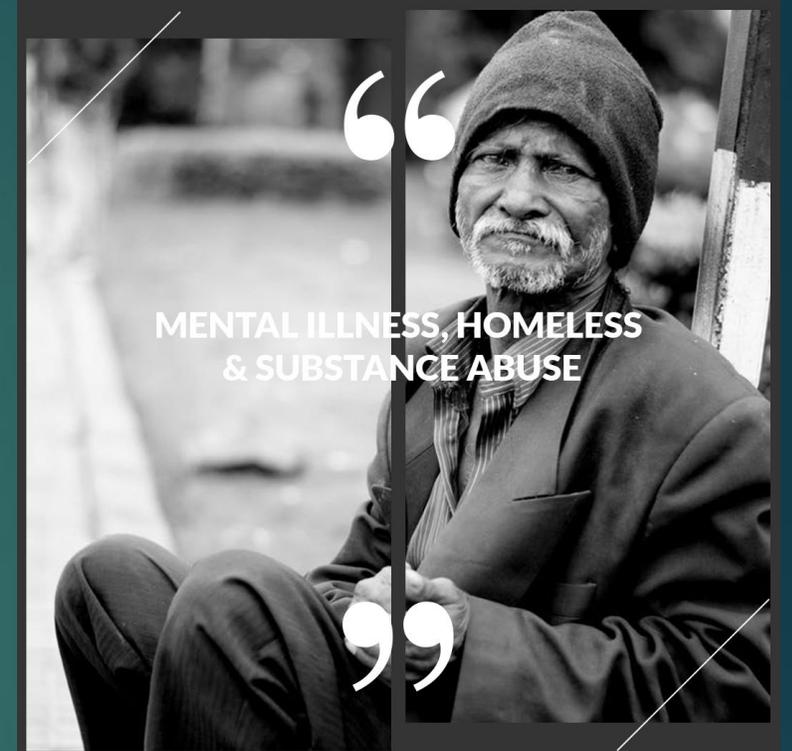


The Care Continuum in Management of Behavioral Long-term Care Residents

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Faces of Mental Illness



Behavioral Health by the numbers

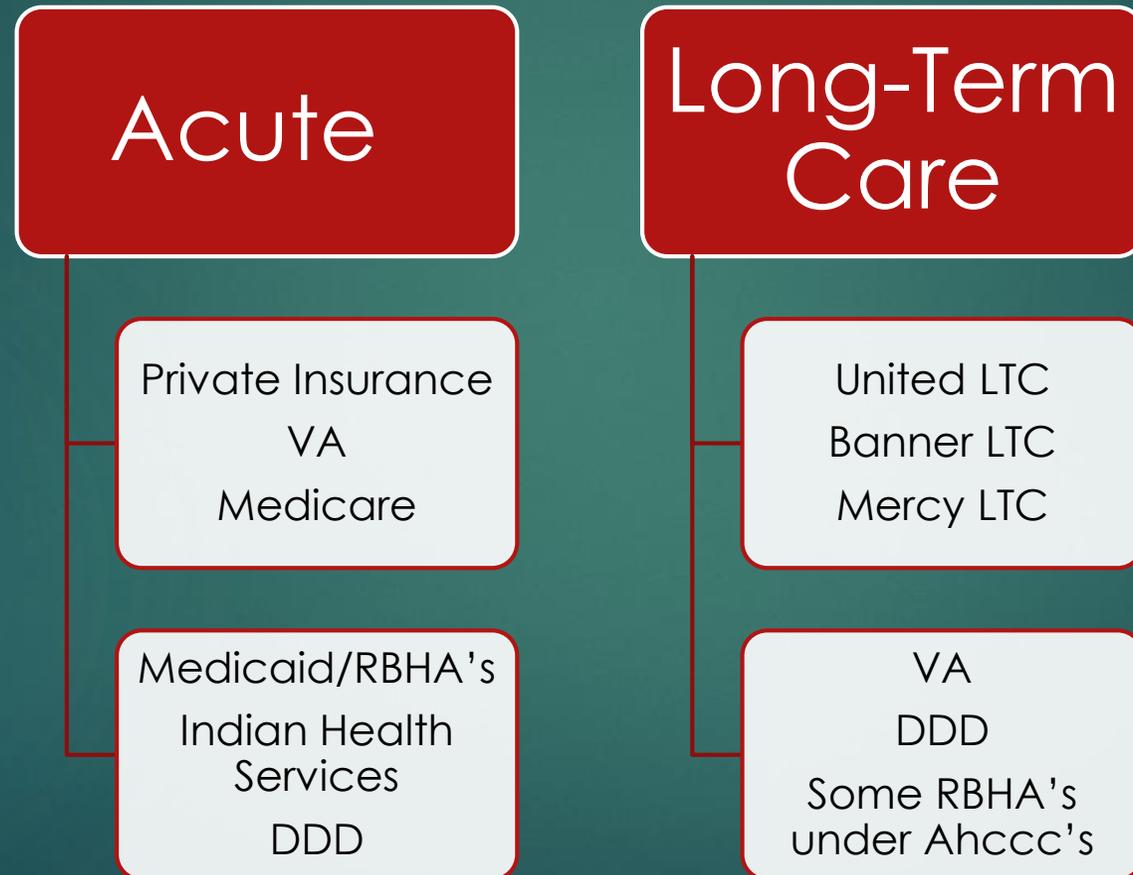
Source Mental Health America . org

- ▶ Approximately 1 in 5 adults in the U.S. 43.8 million, or 18.5% experiences mental illness in a given year
- ▶ Approximately 1 in 25 adults in the U.S. 9.8 million, or 4.0% experiences a SMI in a given year that substantially interferes with or limits one or more major activity
- ▶ 1.1% of adults in the U.S. live with schizophrenia
- ▶ 6.9% of adults in the U.S. live with bi-polar disorder
- ▶ 6.9% of adults in the U.S. had at least one major depressive episode in the past year
- ▶ 18.1% of adults in the U.S. experience an anxiety disorder
- ▶ 20.2 million adults in the us who experience a substance use disorder, 50.5% 10.2 million adults had a co-occurring mental illness

How does Arizona measure up providing access to care?

- ▶ Overall ranking 39th out of 50
- ▶ Adults 30th out to 50
- ▶ Youth 43 out of 50
- ▶ Prevalence of Mental Illness 25th out of 50
- ▶ Access to Care 42nd out of 50

Navigating Health Payers in Arizona



Obstacles with Placement of Adults with SMI, NCI, Dementia Behaviors

- ▶ No Payer
 - ▶ May have short term acute benefits but no benefits for LTC needs
- ▶ Too high acuity for LTC
 - ▶ Nursing homes were never built for management of care for this population
 - ▶ Federal / state regulations limit service at this level
 - ▶ Facilities penalized for providing this level of care
 - ▶ Surveys
 - ▶ Quality Measures
 - ▶ Violent, including homicidal, suicidal, or predatory behaviors
 - ▶ Unable to make decisions and no family / guardian / fiduciary ordered
 - ▶ Elopement risk / failed at level at other provider

Types of Services

- ▶ Out Patient care / counseling (Private practice / Non-profit)
- ▶ Short Term Acute (Hospitals-Emergency Rooms)
- ▶ Inpatient Behavioral (Private Hospital)
- ▶ Long-Term Care (Nursing Homes / Assisted Living / Group Homes
 - ▶ Secure High Acuity-Secure Moderate Behavioral- Secure Residential Care- Non Secure Residential Care
- ▶ Law Enforcement / Fire / Crisis teams

Terminology

- ▶ LTC (long-term care): a variety of services which help meet both the medical and non-medical needs of people with a chronic illness or disability who cannot care for themselves for long periods.
 - ▶ It is common for long-term care to provide custodial and non-skilled care, such as assisting with normal daily tasks like dressing, feeding, using the bathroom. Long-term care can be provided at home, in the community, in assisted living facilities or in nursing homes. Long-term care may be needed by people of any age, although it is a more common need for senior citizens.

Terminology

- ▶ **Skilled Nursing Care:** a high level of medical care that must be provided by trained individuals, such as registered nurses (RNs) and physical, speech, and occupational therapists. These services can be necessary over the short term for rehabilitation from an illness or injury, or they may be required over the long term for patients who need care on a frequent or around-the-clock basis due to a chronic medical condition. Examples of skilled nursing services include wound care, intravenous (IV) therapy, injections, physical therapy, and monitoring of vital signs and medical equipment.

Terminology

- ▶ Behavioral Care: The care a person receives that 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.
- ▶ Behavioral Health Services: Services delivered by a behavioral health professional directed at treating a mental health or substance abuse disorder; services include the assessment, diagnosis and treatment of a diagnosis. Treatment involves more traditional psychotherapy and medical management of a disorder.

Terminology

- ▶ SMI: Seriously Mentally Ill
 - ▶ Individuals carrying a mental health diagnosis resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.
- ▶ NCI: Neurocognitive Impairment
 - ▶ Neurocognitive disorder is a general term that describes decreased mental function due to a medical disease other than a psychiatric illness. It is often used synonymously (but incorrectly) with dementia. Examples include: traumatic brain injury, cardiovascular disorders, degenerative disorders, metabolic disorders and drug-induced disorders
- ▶ Dementia
 - ▶ Dementia is a loss of brain function that occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior. The most common cause of dementia is Alzheimer's disease.

What is a Behavioral Unit?

- ▶ A behavioral unit is a specialty nursing home or assisted living unit designed to address the needs of individuals with a mental health diagnosis, dementia diagnosis and/or neurocognitive disorder that exhibit behavioral disturbances that may be:
 - ▶ Disruptive to care of the individual
 - ▶ Disruptive to the care environment
 - ▶ Poses a safety risk to others or themselves

Behavioral Unit Vs. Psychiatric Unit

- ▶ A **psychiatric unit** is intended to treat and stabilize a psychiatric condition under close supervision, but ultimately it is intended to be a short-term stay and acute treatment of a psychiatric condition.
- ▶ A **behavioral unit** is intended to manage the behaviors related to a psychiatric or neurocognitive disorder, providing a safer way to house a resident that may otherwise not succeed in a conventional long-term setting.

Psychiatric settings are more concerned with treating the symptoms of a disorder (mood, psychosis) where as behavioral settings must strongly account for the functional impairments resulting from/related to a disorder.

Behavioral Unit Vs. Psychiatric Unit

- ▶ **Psychiatric units** are considered an inpatient setting. While they do manage behavioral disturbances, their primary goal is to help the patient find relief from the symptoms of a psychiatric disorder. This is not generally accepted as a housing alternative.
- ▶ **Behavioral units** are NOT considered to be inpatient. While the goal is always to transition residents of a long-term care behavioral setting to a non-behavioral setting, these often become LONG-TERM residences some residents are unable to be managed at a lower level of care.

What behaviors are we talking about?

- ▶ The TYPES of behaviors often necessitating behavioral placement in long-term care (not an exhaustive list):
 - ▶ Physical Aggression: Punching, kicking, spitting, throwing objects
 - ▶ Combative with Care: Physical aggression in response to direct care
 - ▶ Verbal Aggression: Cursing, yelling, threatening, insulting
 - ▶ Resistance to Care: Refusing medications, non-compliance with medical recommendations
 - ▶ Disruptive Behavior Related to Psychosis: Yelling, belligerent statements, other disruption that is linked to delusions/hallucinations
 - ▶ Wandering: Roaming without rational cause, may include exit-seeking or intrusive components

Discussion Topic

Referring to Long-Term Care

Levels of Care

- ▶ Acute Psych Hospitals
- ▶ Long Term Care Nursing Home
- ▶ Assisted Living Facilities
- ▶ Group Homes
- ▶ Residential Living
- ▶ Out Patient Services

Discussion Topic

What is a Behavioral Program?

Best Practices in Behavioral Programs

How does a provider define its program?

- ▶ Program Philosophy and Theoretical Orientation
 - ▶ Person-Centered Care
 - ▶ Congruence, Consistency, Positive Regard and Accurate Empathy
 - ▶ Need-Driven Model vs. Behavioral Modification Model
 - ▶ Holistic definition of health (physical, emotional, occupational, cognitive, spiritual, community)
 - ▶ Trauma-Informed Care
 - ▶ Estimated that approximately 90% of clients in a public behavioral health setting have experienced trauma (samhsa.org)
- ▶ Life Enrichment Program
 - ▶ How do the activities support behavioral change and management?
 - ▶ Are programs differentiated specific to the population?
 - ▶ Dimensions of wellness (see above holistic model)

Best Practices in Behavioral Programs

- ▶ Staff Education
 - ▶ Orientation
 - ▶ General Training for all staff
 - ▶ On the job training for behavioral staff
 - ▶ Annual Competencies
 - ▶ 12 competency areas requiring annual review
 - ▶ Clinical Supervision
 - ▶ Routine review of behavioral resident progress between floor staff and clinical leadership

Best Practices in Behavioral Programs

- ▶ Documentation of behaviors
 - ▶ Behavioral Care/Treatment Plan
 - ▶ Daily progress notes
 - ▶ B-I-O
 - ▶ Behavioral Summary Sheets
 - ▶ Behavioral Incident Reports

What is Placement Preservation?

- ▶ Conventional LTC settings are commonplace for behavioral challenges -
“Behaviors happen!”
 - ▶ What do these cases look like?
- ▶ Placement Preservation Steps –
 - ▶ Medical Review
 - ▶ Facility Intervention
 - ▶ Psychiatric
 - ▶ Care Management Agreement
 - ▶ Crisis/Legal Intervention

Community Resources

- ▶ HSAG – Health Services Advisory Group
- ▶ Area Agency on Aging
- ▶ Office of Individual and Family Affairs
- ▶ OAR program – Opioid Assistance and Referral
- ▶ MyConnections
- ▶ Placement Resources
- ▶ Long-term Care case management
- ▶ VA

Future Impact on Behavioral Health

- ▶ An ongoing debate for determining appropriate levels of care
 - ▶ Cost – Health plans willing to take added risk?
 - ▶ Who is going to pay for behavioral care settings?
- ▶ What can we do about improving access to behavioral care settings?

Ask the Expert

- ▶ Ryan Goldman – LPC
- ▶ Sheila Brumfield – Clinical Nurse Liaison
- ▶ Eugene Slutskiy – LPC