

Establishing Occupational Therapy Services in Public Behavioral Health

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Workshop Description:

- This session will review the program development steps of needs assessment, program planning, program implementation, and program evaluation.
- Specific examples will be given of how occupational therapy services were established in both inpatient and outpatient public behavioral health settings, which then led to developing a student fieldwork program.



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Learning Objectives:

- At the conclusion of this presentation, the participant will be able to:
 - Identify the steps involved in developing occupational therapy services for both inpatient and outpatient populations for populations with serious mental illness.
 - Describe those evidence-based interventions that best promote the distinct value of occupational therapy in mental health and were best received by recipients.



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Why this workshop?

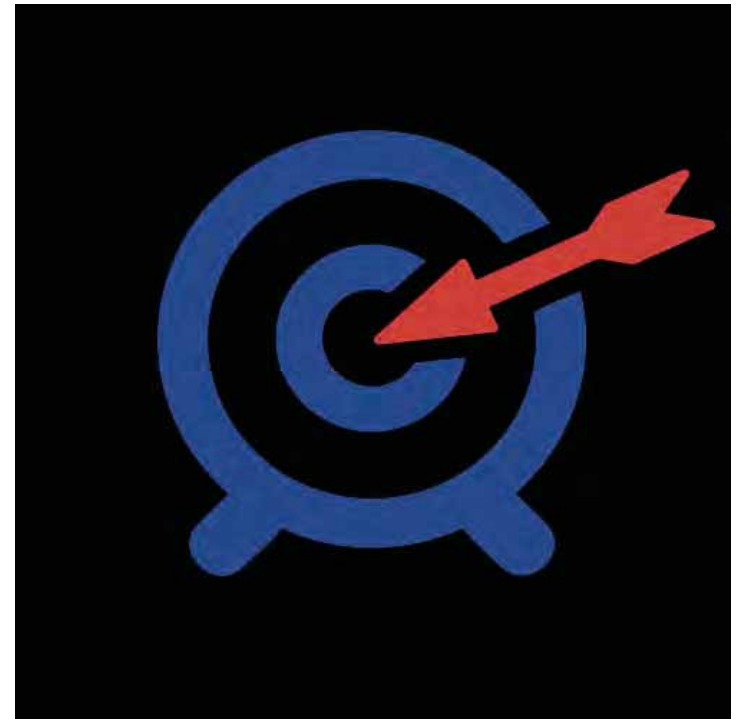
- OT practitioners report challenges of finding jobs in mental health
- AOTA 2015 Workforce Survey listed 1.4% of OTAs and 2.4% of OTs work in mental health
- Preliminary data from 2019 Workforce Survey is flat
- Frequent requests from OTs wanting advice on how to obtain jobs in mental health
- *“National behavioral health care efforts have opened opportunities to reignite occupational therapy mental health practice and research. The profession’s person-centered and occupation-based practice fits well with the growing needs of people with serious mental illness (SMI).”*
 - Swarbrick & Noyes, 2018.



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Program Development

- Four Steps:
 - Needs assessment
 - Program planning
 - Program implementation
 - Program evaluation
 - Grossman & Bortone, 1986,
Braveman, 2001



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Inpatient Psychiatric Services in NV:

- Rawson-Neal Psychiatric Hospital opened in 2006 as the only state operated facility in Southern NV
- Originally at 190 beds, but now comprised of an 88-bed civil inpatient psychiatric hospital, a 78-bed forensic inpatient hospital.
- Southern Nevada Adult Mental Health Services provides behavioral health services to a diverse population of underserved adults in Southern Nevada, primarily in Las Vegas.
- SNAMHS provides inpatient and outpatient services to over 14,000 clients each year.



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Funding Issues for Inpatient Care:

- Before 2014, the federal government only reimbursed Nevada hospitals \$460 per day to take care of psychiatric patients. Reimbursement rates vary from state to state, and each state negotiates on their own with the federal govt.
- The governor negotiated with the Health and Human Services Secretary to get the federal government to reimburse hospitals \$944 per day for those patients. (2016)
- Shortly after the change made psychiatric care more lucrative for hospitals, Valley Hospital opened a 50-bed psychiatric unit in Las Vegas. The number of licensed psychiatric beds in the Las Vegas area is now 1,177.
 - <https://thenevadaindependent.com/article/nevada-seeks-big-shift-mental-health>



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Issues Facing Hospital:

- There were national headlines about the state sending patients on long bus trips with Ensure shakes and no arrangements at their destination.
- There was a lawsuit from the City of San Francisco over so-called “Greyhound therapy.”
 - <https://www.usnews.com/news/best-states/california/articles/2018-11-01/nevada-jury-250k-per-mental-patient-dumped-to-other-states>
- Nevada slashed spending during the recession, reducing its \$299 million general fund mental health budget by about \$60 million from 2009 to 2013.
- Rawson-Neal temporarily lost JCAHO accreditation.



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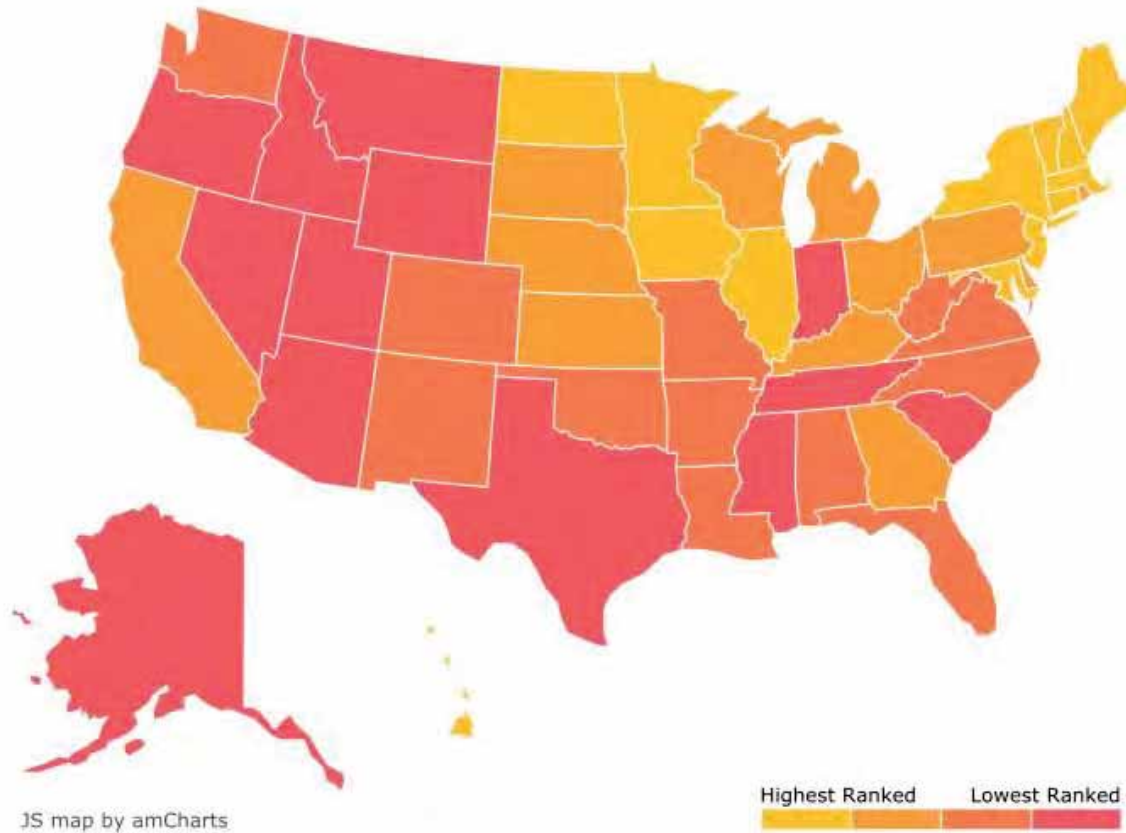
Step I – Needs Assessment

- In 2013, no OT services in mental health in Nevada
- Mental health care in Nevada consistently ranked very low
- Lawsuits and loss of accreditation in the news
- No fieldwork placements for students in mental health
- Hospital administrator at state hospital was an OT
- Obtained Consultation Report on Rawson Neal Hospital
- Requested meeting with hospital administrator
- Worked with Director of Activities Therapy
- Department of 14 activities therapists – RT, Music, Art
- Needed to create job description for OT prior to recruitment



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Mental Health Rankings, 2019



Mental Health America released its 2019 “State of Mental Health” report and rankings Wednesday. Nevada placed 51st — behind every other state and the District of Columbia.



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More Stats:

- Mental Health America uses 15 different measures for its rankings
- Nevada had the highest percentage of youth coping with severe major depression: 12.7 %. The national average was 8.7 %
- Nevada also has one of the highest rates of suicide in the country,
- Nevada also had the second highest percentage of adults with a mental illness who receive no treatment: 63 %. Only Hawaii had a larger percentage. The national average was 56.4 %.
- Nevada ranked 48th in adult mental health, 51st in youth mental health
- Minnesota, Maine, Massachusetts, New Jersey and Vermont were the top five states for mental health, while at the bottom of the list were Nevada, Idaho, Oregon, Mississippi and Alaska.
 - <https://www.mentalhealthamerica.net/issues/state-mental-health-america>



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Review of Documents:

- CONSULTATION REPORT ON RAWSON-NEAL PSYCHIATRIC HOSPITAL May 23, 2013
 - *“Finally, the hospital currently lacks occupational therapy services that can assist with comprehensive functional assessment and rehabilitation planning. Although a single full-time Occupational Therapist would not suffice to meet many existing guidelines, it will dramatically supplement the capacity of the current activity / rehabilitation staff to assess and serve the patients.”*
- Recommendation 6 (Staffing) 1.0 full-time occupational therapist as described above



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Review of OT Documents:

- AOTA. (2016). Occupational Therapy's Distinct Value Mental Health Promotion, Prevention, and Intervention Across the Lifespan
 - <https://www.aota.org/Practice/Mental-Health/distinct-value.aspx>
- Occupational Therapy Services in the Promotion of Mental Health and Well-Being (2016)
 - <https://ajot.aota.org/article.aspx?articleid=2545293>
- Mental Health Promotion, Prevention, and Intervention in Occupational Therapy Practice (2017)
 - <https://ajot.aota.org/article.aspx?articleid=2652592>



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Other AOTA Documents:

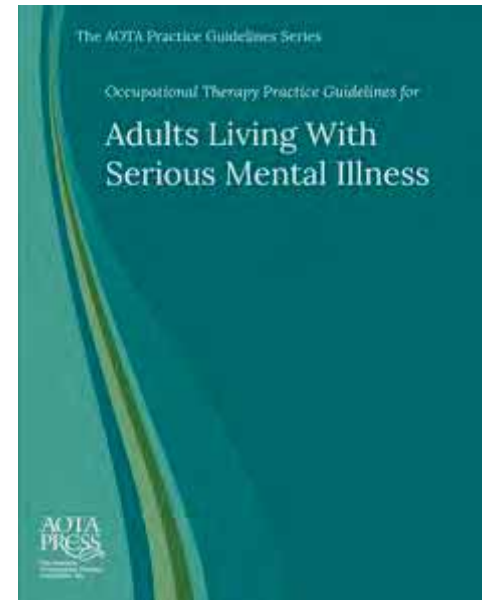
- Adults with Serious Mental Illnesses EBP Systematic Reviews & Research
 - <https://www.aota.org/Practice/Mental-Health/Evidence-Based/EBP-Mental-Health.aspx>
- Advocating for Occupational Therapy in Mental Health
 - <https://www.aota.org/Advocacy-Policy/State-Policy/Issue-Campaign-Mental-Behavioral-Health.aspx>
- Occupational Therapy Service Outcome Measures for Certified Community Behavioral Health Centers (2016).
 - https://www.aota.org/~/_media/Corporate/Files/Practice/MentalHealth/occupational-therapy-outcome-measures-community-mental-health-services.pdf



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AOTA Resources on Mental Health:

- Focus on Mental Health Booklet (133 pages) (2014)
 - <https://www.aota.org/~media/Corporate/Files/Practice/MentalHealth/Focus-On-Mental-Health-Booklet.pdf>
- Occupational Therapy Practice Guidelines for Adults Living With Serious Mental Illness (2019)
 - Available from AOTA as an e-publication
- CommunOT – Mental Health
 - <https://communot.aota.org/home>



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Step 2 - Program Planning:

- Once OT was hired, policies & procedures had to be developed
- Weekly mentoring was provided in program development
- Decisions on what type of services a one person department could provide – individual evaluation & treatment
- A referral form was created for physicians to use
- Evaluation and treatment plan forms had to be created
- Education of key staff was initiated
- Hospital had initiated a plan for sensory rooms but needed adapting prior to implementation for which OT was key
- Hospital electronic medical records system had to be revised to add OT practitioners and services



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Step 3 – Implementation:

- Once program was developed, student program came next
- Level I program started first, then Level II fieldwork
- First Level II students helped create the fieldwork manual
- Monthly reports started to track service utilization
- Once waiting list was established then plan for expansion of services started.
- Second OT added three years later in 2017
- Services expanded to include Stein Forensic Hospital
- Challenges from psychology re: cognitive assessments



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Multiple Co-Morbidities in Mental Health Practice:

- *“Adults living with SMI often have multiple disorders. These disorders frequently accompany one another, along with a substantial number of general medical illnesses such as heart disease, cancer, diabetes, and neurological illnesses.*
- *Mental, substance use, and general health problems and illnesses are frequently intertwined, and coordination of all these types of health care is essential.”*
 - Swarbrick & Noyes, 2018



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Development of OT in Outpatient Services

- Initiated in 2017 in response to needing more fieldwork placements in mental health practice
- Approached administrator of outpatient services with multiple documents:
 - Distinct Value of OT in Mental Health
 - Mental health syllabi of 2 courses taught to students
 - List of assessments students could provide
 - List of evidence-based and manualized interventions students could provide
 - Mental Health Promotion, Prevention, and Intervention in Occupational Therapy Practice (2017)
 - Occupational Therapy Services in the Promotion of Mental Health and Well-Being (2016)



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Development of OT in Outpatient Services

- Faculty member proposed groups of OT Level I FW students would be accompanied by faculty member 2 days per week for 4 weeks
- Administrator identified 3 outpatient programs for students to be placed – 2 clinics and Early Psychosis Program
- Referral form developed by faculty member
- Met with outpatient psychiatrists to educate them on what services OT could provide to their clients
- Referrals started immediately – students provided evaluations and ran groups



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Development of OT in Outpatient Services

- At end of Level I fieldwork, follow-up meeting with administrator was requested by faculty member
- Resulted in administrator requesting to immediately hire a full-time occupational therapist
- First task was to create a job description for outpatient services to be used for recruitment
- Had to be a contract position, no benefits
- Then recruiting began



Job Description for OT SNAMHS:

- This position for a full time Occupational Therapist is needed to support the recovery of adults with serious mental illness. The position includes screening, evaluation and documentation of individuals' functional and cognitive skills, participation on interdisciplinary treatment teams, as well as provision of groups and individual interventions.
- Evaluations (both standardized and non-standardized) will be utilized to assess the following areas of daily life performance, and will include but are not limited to:
 - Basic activities of daily living (e.g., bathing, dressing, eating, etc.)
 - Instrumental activities of daily living (e.g., transportation, money management, shopping, meal preparation, medication management, etc.)
 - Education
 - Work (paid and volunteer)
 - Play and leisure
 - Social participation
 - Rest and Sleep
 - Cognitive processing skills
 - Communication and interaction skills
 - Habits, roles and routines
 - Social emotional and coping skills
 - Community reintegration skills
 - Home evaluation
 - Patterns of sensory processing



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Job Description for OT SNAMHS (cont.):

- Interventions will be provided for individuals with identified mental, emotional, or behavioral disorders that limit daily functioning, interpersonal relationships, feelings of emotional well-being, and the ability to cope with challenges in daily life. The occupational therapist will provide integrated care to address a person's functioning in a variety of occupations (e.g., education, work, leisure, ADLs, social and community participation) using evidence-based and occupation-based client-centered psychosocial, self-management, and environmental interventions. Engagement in occupations to foster recovery and/or "reclaiming mental health" resulting in optimal levels of community participation, daily functioning, and quality of life.
- Some of these interventions may include (but are not limited to):
 - Social skills training
 - Accommodations that may be needed for work or school
 - Identification and implementation of healthy habits, rituals, and routines to support community integration in the areas of recreation, leisure, and work
 - The acquisition or resumption of normative life roles
 - Sensory strategies to accommodate for sensory preferences and promote sensory regulation
 - Referral to supported employment and/or supported education
 - Strategies for stress management
 - Medication management
 - Weight management
 - Financial management
 - Home and community safety
 - Home visits with ACT team
 - Travel training
 - Planning daily routines
 - Sleep hygiene
 - Cognitive remediation
 - Development of healthy leisure interests
 - Communication skills
 - Meal preparation
 - Nutrition and healthy eating



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Job Description for OT SNAMHS (cont.):

- The occupational therapist will assess, make recommendations, and assist clients with serious mental illness, including individuals with co-occurring disorders, both individually and in groups, with the goal of living independently in the community. He/she will also work with families, collaborate with related mental health professionals, and will supervise graduate and undergraduate interns and practicum students.
- Qualifications: The successful candidate will have a minimum of a Master's Degree from an accredited occupational therapy program, been initially certified by the National Board for Occupational Therapy, and be licensed as an occupational therapist in the state of Nevada, with at least entry-level knowledge of principles and practice of Occupational Therapy in mental health, have strong communication skills, be an integral member of the interdisciplinary team, and have the ability to work on multiple tasks in a fast-paced, stimulating environment.



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Beginning of Outpatient Services in SNAMHS:

- Once OT was hired, policies & procedures had to be developed
- A referral form had to be developed, approved and widely distributed
- Educating SNAMHS staff about role of OT was critical
- Most importantly, mechanisms for reimbursement had to be investigated; reading the Nevada Medicaid Services Manual
- OT does not have Qualified Mental Health Provider (QMHP) status in Nevada



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Collaboration within SNAMHS for Referrals:

- Outpatient Counseling
- Mental Health Court
- Assisted Outpatient Treatment
- Supportive Outpatient Treatment
- Service Coordination (Case Management)
- Program for Assertive Community Treatment (PACT)
- Medication Clinic
- Drop-In Center
- Residential Program
- In-Patient Psychiatric Hospital & Stein Forensic Facility



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Needs Assessment

- Educated staff on distinct value of Occupational Therapy's role in mental health
- Demonstrated distinct value of Occupational Therapy through documentation of evaluation findings and individual and group treatment sessions
- Feedback received from staff:

“Your functional assessments are great”

“Your evaluation was so thorough and your recommendations were very practical”



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Needs Assessment (cont.)

- Needs assessment revealed that there were very few services being offered, and very few day treatment programs available in Las Vegas
- Existing services in 2017 included:
 - Psychiatry, nursing, psychologist (1), MFT (1), LCSW (1), Service Coordination/Case Management, Drop-In Center (peer-run groups)
 - Clinic served over 1,000 Clients
- Net Result: Clients report “nothing to do” and staff reports of client non-compliance due to little-to-no participation in offered services.



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Reasons for Referral to OT services:

- Outpatient referral form had to include type of living situation, case manager, and insurance information for billing purposes
- Reason for Referral (check all that apply)
 - Activities of Daily Living
 - Cognitive Skills
 - Communication and Social Skills
 - Community Re-entry/Discharge Planning
 - Emotional Regulation
 - Instrumental Activities of Daily Living
 - Sensory Perceptual Skills
 - Other:

Review of Medicaid Policies:

- MEDICAID SERVICES MANUAL; 2015
- Nevada Medicaid reimbursement for outpatient Occupational Therapy (OT), is based on the *“provision of medically necessary therapy services for an illness or injury resulting in functional limitations which can respond or improve as a result of the prescribed therapy treatment plan in a reasonable, predictable period of time.”*
- Services related to activities for the general health and welfare of patients, e.g., general exercises to promote overall fitness and flexibility and activities to provide diversion or general motivation, do not constitute restorative or rehabilitative therapy services for Medicaid purposes.

Medicaid Regulations – Nevada:

- *“A written individualized plan addressing the documented disabilities needs to include the therapy frequency, modalities and/or therapeutic procedures and goals of the planned treatment.*
 - *Primary diagnosis – psychiatric and/or medical diagnoses*
 - *Secondary (treatment) diagnosis -includes functional deficit which requires therapeutic intervention for the related illness or injury diagnosis. Ex: frontal lobe and executive function deficit*
- *Therapy services provided in the community and/or outpatient setting are subject to the reimbursement and therapy limitations.”*



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Assessments Used Most Frequently in Outpatient MH:

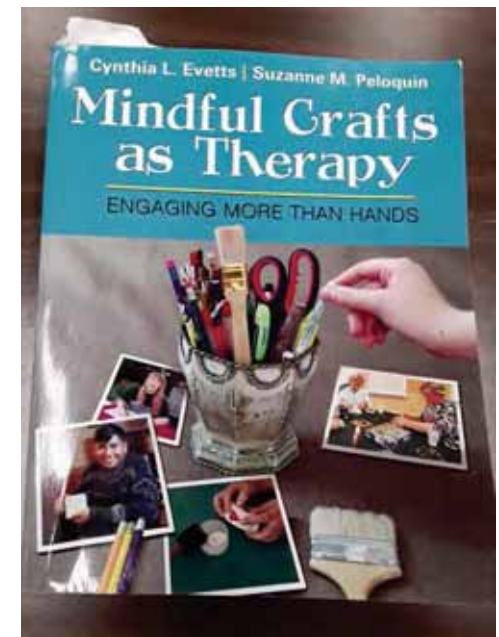
- Kohlman Evaluation of Living Skills (KELS)
- Allen Cognitive Level Scale -5 (ACLS-5)
- Allen Diagnostic Module (ADM)
- Canadian Occupational Performance Measure (COPM)
- Executive Function Performance Test (EFPT)
- Montreal Cognitive Assessment (MoCA)
- Performance Assessment of Self-care Skills (PASS)
- Adolescent/Adult Sensory Profile
- Routine Task Inventory (RTI)
- Modified Barthel Index (MBI)
- Berg Balance Scale



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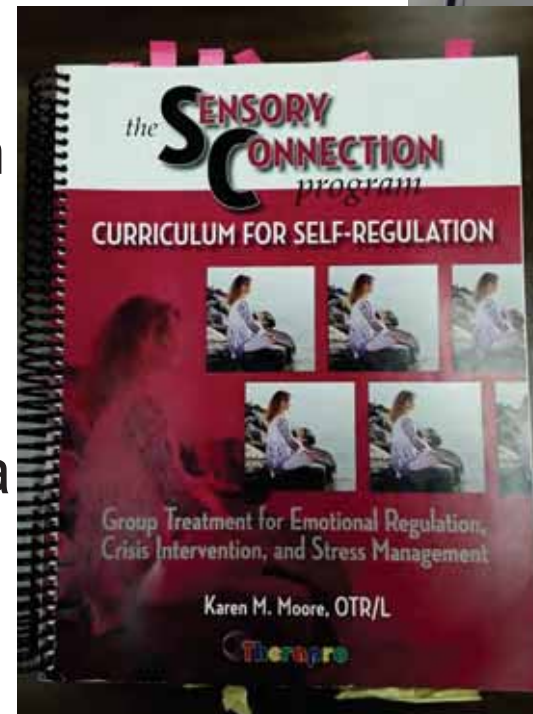
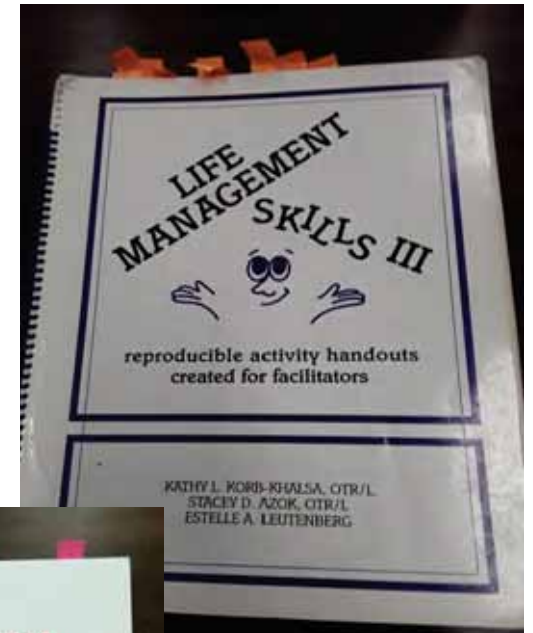
Group Interventions that Were Effective:

- Nutrition and Exercise for Wellness and Recovery (NEW-R) Program. Available at:
<https://www.center4healthandsdc.org/new-r.html>
- Social Skills Training Group
- Mindful Crafts Group
- Gardening Group
- Nutrition & Basic Cooking Group
- Health & Wellness group
- Leisure Exploration Group



More Group Interventions:

- Life Management Skills
- Sensory Connection Program
- Social Cognition and Interaction Training
- Cognitive Behavioral Social Skills Training for Schizophrenia



Gardening Group:

- A therapeutic garden was developed through grant funding received
- Horticultural specialist part of the grant to provide education to consumers and staff



Cooking Group:

- Zucchini Quiche
- Zucchini Pizza Bites
- Zucchini Chips (baked)
- Cucumber Salad
- Veggie Pasta Salad
- Kale Chips
- Glazed Carrots
- Veggie Omelets (in a bag)
- Cheese & Veggie Quesadillas
- Pesto Pasta

"I loved that recipe so much, I made it at home."



Individual Interventions:

- Home Visits for ADL training and Caregiver Education
- Community Re-Integration for those recently discharged
- NEW-R individually for those who can't tolerate group setting
- Action Over Inertia
- Sensory Modulation
- Emotion Regulation
- Medication Management - Adult Meducation
<http://adultmeducation.com/>
- Sleep Hygiene
- Mindfulness
- Community mobility training



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Connecting to Community Resources:

- Partial Hospitalization Program
- Intensive Outpatient Program
- Vocational Rehabilitation Program
- Adult Day Care
- Behavioral Health Day Treatment Programs
- Volunteer Opportunities
- Drop-In Center
- Supported Housing



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Residential Programs:

- Many issues surfaced regarding group homes in 2017-2018
- *“The state of Nevada is continuing to pay private businesses to house people with severe mental illness in unsafe, filthy group homes despite vowing to improve conditions for its vulnerable clients nearly two years ago.”*
- *“An audit conducted by the Legislative Counsel Bureau and released Wednesday found “excessively dirty” conditions in all but two of the 37 homes visited by auditors. The auditors described homes marred by human waste, infested by bugs and rodents, covered in mold and lacking basic safety equipment such as smoke detectors.”*
- *“The problems at the privately operated homes were so severe that auditors called into question the entire structure for how the state provides living assistance for the mentally ill.”*



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Residential Programs (cont.)

- *"Without strong inspection and certification processes, we have serious concerns with the current model for funding ... provider homes,"* auditors wrote.
- *"Providers operate a business that inherently is driven by a profit motive. In the absence of adequate inspection and certification activities, providers may limit their level of care to maximize profits at the detriment of client services."*
 - <https://www.rgj.com/news/1/17/18>

OTs Role in Supported Housing:

- Evaluate clients to determine appropriate level of care
- Collaborate with housing providers, caregivers, and case managers to identify least restrictive environment based on clients' skills and functional deficits
 - Group homes – for clients who require 24 hour supervision and assistance with cooking, ADLs, transportation to medical appointments
 - Special Needs Group Homes – for clients who have additional medical needs
 - Community-Based Living Arrangement (CBLA) – for those who need some assistance with ADLs/IADLs (i.e. provide supervision while clients are cooking, administration of meds, transportation to medical appointments)



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Development of Student Program:

- Observation Hours for prospective OT students
- Obtained contracts with several colleges & universities; number is growing as there is a national shortage of mental health fieldwork placements
 - Level I & Level II FW students
- Level II student created fieldwork resource manual



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Recommended MH Continuing Ed:

- Adult Mental Health First-Aid training
- Suicide Risk Assessment: Columbia-Suicide Severity Rating Scale (C-SSRS)
- Trauma-Informed Care
- Sensory-Based Interventions
- Functional Cognition & Executive Function
- CBT and DBT
- Mindfulness
- Compassion Fatigue & Burnout
- Crisis Prevention Intervention



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Step 4 - Program Evaluation:

- Ongoing
- Expansion of services to second clinic
- Monthly reports track number of individual visits, group sessions, evaluations, home visits, community outings
- A recent meeting with the SNAMHS administrator asked why occupational therapy services were added
 - Reimbursement was a key indicator
- Success stories



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