Psychiatric Services Program
Larned State Hospital
PSP Diagnosis Snapshot

- Schizophrenia and Psychotic Spectrum
- Bipolar and Related
- Depressive Disorders
- Anxiety Disorders
- OC and Related
- Trauma and Stressor
- Substance related
- ADHD
Licensed/certified max is 90. 2017 - 85 patients optimal census.
Active Treatment - Activity Therapy

Activity Therapy Hours
Distribution Pre-10/1/2016

Activity Therapy Hours
Distribution Post-10/1/2016
Active Treatment-Treatment Groups

Pre 10/1/2016 vs Post 10/1/2016

Therapy Group Hours

- Blue: Pre 10/1/2016
- Red: Post 10/1/2016
Group Therapy

- Illness Management and Recovery *
- Coping Skills
- DBT Mindfulness *
- Co-Occurring Disorders
- Integrated Psychological Therapy *
- Process Group *
- Interpersonal Therapy*
- Cognitive Behavioral Therapy-Depression*
- Cognitive Behavioral Therapy-Anxiety *
- Life After Trauma
- Mood Regulation
- Drama Therapy
- Competency Group

*Evidence-based Practice
Active Treatment

• Group Therapy now available 6 hours/day, 5 days/week, all units, on unit
• Individual therapy still available on unit
• More activity therapy provided on the units, increasing availability to our most acutely ill patients
• Increased group therapy availability on all units simultaneously. Goal is to provide a minimum of 4 hours of group therapy, on units, per day, per patient.
• Not just more hours of group therapy now available, but expanding variety to better meet patient treatment needs.
• Improves individualization of treatment.
PSP Active Treatment

• Next steps
  – Group therapy available on unit, 7 days/week
  – Increased availability of individual therapy
  – Advancing implementation of more trauma-informed practices
  – Reinvigorate more advanced activity therapies that had to be put on hold to cover staffing needs for shift to on unit service provision
State Security Program
SSP Daily Census

% capacity

2015 2016 2017
SSP Diagnosis Snapshot

Diagnosis Distribution

- Schizophrenia and Psychotic Spectrum
- Bipolar Related
- Depressive Disorders
- Trauma and Stressor
- Substance-related
- ADHD
- Intellectual Disability
SSP Legal Status

2015

# Patients

- Lack of Mental State Eval/Tx
- CST Eval and/or Treatment
- Pre-Sentence Evaluation
- Sexual Predator Evaluation
- Treatment in Lieu of Correctional Transfer

2016

# Patients

- Lack of Mental State Eval/Tx
- CST Eval and/or Tx
- Pre-Sentence Eval
- Sexual Predator Eval
- Treatment in Lieu of Correctional Transfer
SSP

• Staffing shortage created shift to nearly exclusive evaluation for providers on SSP, with limited treatment offerings beyond competency restoration and behavioral consultation to treatment teams.

• Some treatment still in place

• Next Steps:
  – Reintroduce more mental health treatment services on SSP to assist with symptom management
Recruitment Efforts
All Departments

• Essential and In Need
  – Chaplaincy -1 for entire hospital
  – Activity Therapy – sharply reduced, long-term staff, high percentage nearing retirement, represent essential services on all 3 programs
  – Social Services – significantly reduced and struggling to recruit, essential for admission, discharge, and service provision
  – Psychology – has system in place to bring in new potential hires, staffing currently too low to address demand for evaluation and treatment across PSP and SSP long term.
Training Initiatives

• All 4 clinical programs are in various stages of implementation for plans to becoming a site for professional training
  – Identify requirements and begin putting elements in place to become a desire training site for finishing students
    • Practicum
    • Clerkships
    • Internships
    • Post-master training toward licensure
    • Post-Doctoral training