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Laguna Honda Hospital
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BRT Program Overview

Ensuring residents' behavioral health needs are identified and effectively addressed

JCC Meeting
September 14, 2026

Agenda

- BRT Purpose and Structure
- BRT Process (proactive and reactive)
  - Identify all residents in need and ensure all needs of residents are identified
  - Enable unit staff to provide optimal, individualized behavioral health care
  - Use a multi-disciplinary approach
  - Identify and address changes in resident needs or interventions

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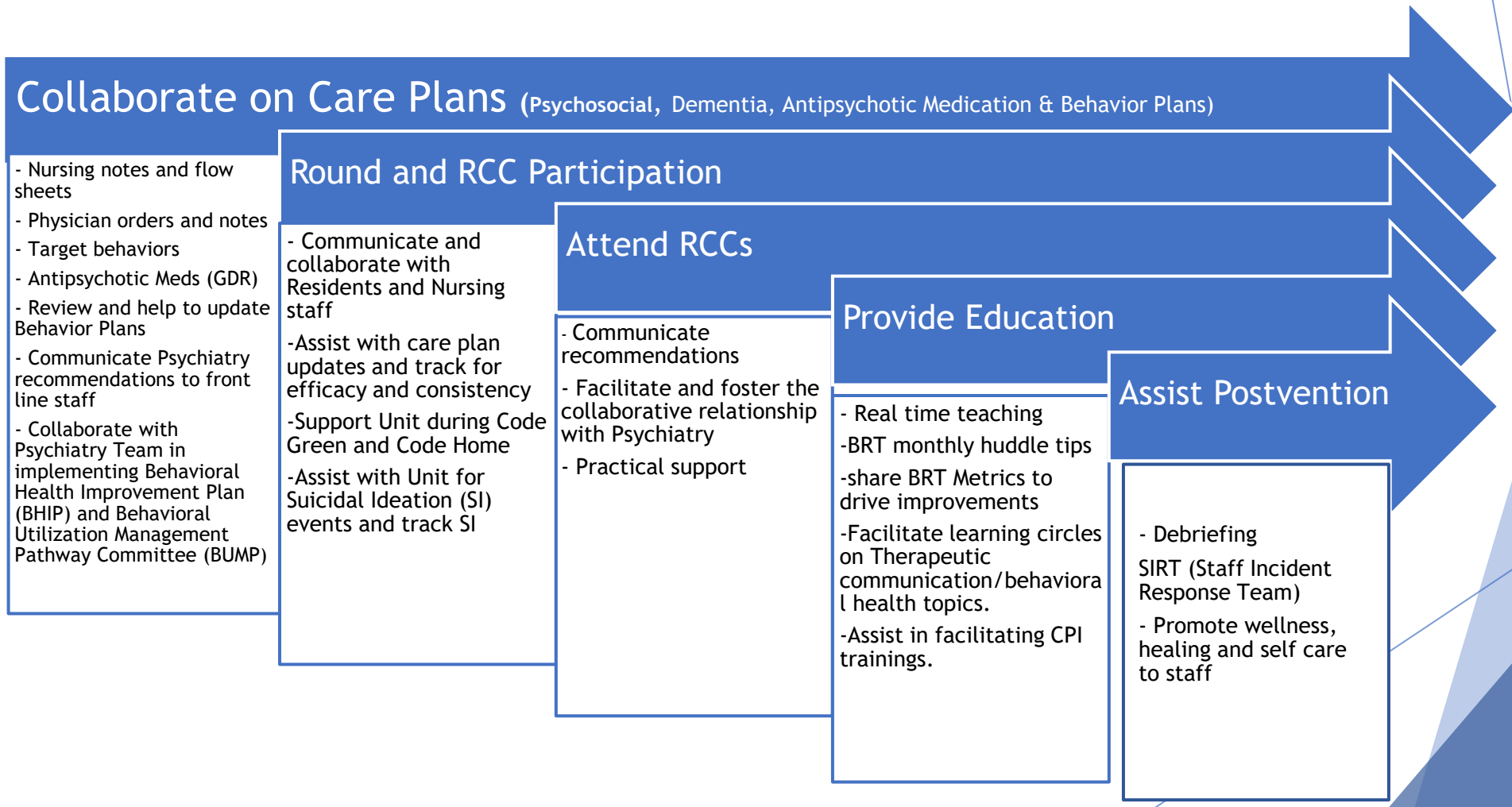
BRT's STRUCTURE:



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FOSTERING A THERAPEUTIC CARE ENVIRONMENT

Therapeutic Care Team (TCT**)* is synonymous with BRT AND considered as a Trauma Informed team for our residents*

BRT's Purpose: **To help create and maintain a safe, equitable, and therapeutic care environment for LHH residents and assist staff to recognize early signs and symptoms of escalation and other at-risk behaviors.**

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BRT'S THERAPEUTIC CARE TEAM (TCT)

- Supporting and empowering unit staff to provide high quality therapeutic care to residents with behavioral health and SUD conditions
- Reinforcing behavioral management recommendations for residents with high behavioral health needs
- Ensuring nursing documentation for behaviors is appropriate.

Julie Ann Medina, RN

Lin Lin Soe, RN

Leah Yvette Malapit, RN

RoBRTo Gonzales, LVN

Diane Castro, LVN

Marquita Kennedy, LVN

Edward Guina, Nursing Supervisor
Shannon Bevett, Nurse Manager
Sabine Gysens, Clinical Neuropsychologist

LHH BRT/TCT: A Long-Term Care Behavioral Model

Different care environments require different behavioral response models

ZSFG BERT

- Acute-care / trauma hospital model
- Primarily mobilizes specialized support for acute behavioral escalation
- Focuses on immediate assessment, de-escalation and crisis stabilization
- Supports patients during an acute episode of care

LHH BRT / TCT

- Long-term care / skilled nursing model
- Proactive and responsive: identifies needs before, during and after escalation
- Follows residents over time through rounding, RCCs, care plans and Psychiatry collaboration
- Builds frontline staff competency and individualized, trauma-informed care

LHH BRT/TCT does not only respond to a crisis—it works to prevent the next one.

Differences between LHH BRT and ZSFG BERT

SFG BERT	LHH BERT/TCT
Acute-care / trauma hospital model	**Long-term care / SNF model**
Strong emphasis on **immediate response to behavioral emergencies**	Strong emphasis on **prevention, ongoing behavioral management and relationship-centered care**
Responds to escalating patients throughout the hospital and has dedicated ED support	**Follows residents over time** through rounding, RCCs, care planning and follow-up
Uses psychiatric expertise, CPI and trauma-informed de-escalation during behavioral emergencies	Uses CPI and trauma-informed approaches while also identifying **resident triggers, strengths, preferences and individualized interventions**
Can assist with emergent medications, restraints and behavioral crisis management	Focuses heavily on **preventing escalation and reducing physical/verbal aggression**
24/7 behavioral crisis intervention service	Functions as a **Therapeutic Care Team (TCT)**—BERT and TCT are synonymous at LHH
Primarily addresses behavioral needs arising during an acute episode of care	Builds **long-term staff capability** through coaching, education, CPI training and therapeutic communication
Works alongside medical teams during behavioral emergencies	Serves as a **bridge between Nursing, Psychiatry and the resident's care team**

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BRT's Therapeutic Care Team support LHH staff and assist residents by:

- Facilitating collaborative relationships between Nursing and Psychiatry by reinforcing behavioral management recommendations.
- Promoting excellent customer service within an ethical scope to promote health equity for all.
- Acting as the behavioral health resource specialist, consultant and mentor for behavioral health interventions.
- Engaging staff in discussions regarding resident uniqueness and complex circumstances to support resident centered care.
- Supporting staff with de-escalation of challenging behaviors and postvention measures following major incidents.
- Providing staff with resources to promote self-care and wellness.
- Collaborate with unit to ensure appropriate behavioral documentation is reflected in Epic.
- Facilitating Practice-Based Evidence and Evidence-Based Practices.

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BRT'S PROACTIVE PROCESS

BRT'S PROCESS	IDENTIFY	ASSESS	PLAN	CONFER	IMPLEMENT	MONITOR RESULTS
HIGH LEVEL PROCESS STEPS	BRT identifies residents using BMR report, Behavior Plan from Psych And Unit referral	Compare residents on MDS RCC calendar to monthly census	**Initial/ Update Assessment Form** is sent to RCT 1-2 week prior to RCC	If no changes are acknowledged, TCT staff confer with Charge Nurse face-to-face	TCT Nurse attend RCC meetings	When rounding TCT collaborates with unit staff to ensures interventions are being followed
SUB-PROCESS STEPS	BRT prioritize residents with verbal and physical behaviors	TCT nurses utilize MDS Calendar to prioritize RCC attendance	TCT Nurses allow 48 hours for unit staff to reply and update recommendations	After 2 days TCT reviews checks that documentation recommendations have been updated	TCT nurses share individualized recommendations And Care plan interventions with RCT	TCT staff coach unit staff as appropriate
DOCU-MENTATION	**Monthly Census** Average=300 residents	**TCT's Initial Assessment** Care Plan, BMR, Physician's orders (psych meds, Target BH) and psych documentation	**BRT Rounding Log tracks dates of visits and f/u to ensures service delivery**	**Initial Assessment Audit Tool Quality Improvement data shared and explored**	**BRT RCC Brief** Epic team conference note	**BRT Rounding Notes** In EPIC Notes

BRT Responsibilities include:

- Responding to Urgent Calls, Code Green, Code Home for Behavioral Management
- Attending RCCs -AVERAGE MONTHLY RCCs **45** + *special meetings*
- Neighborhood Rounding AVERAGE WEEKLY VISITS– **800** visits
- Monthly Huddle Tips
- Suicidal Ideation Interventions
- Suicidal Ideation Competencies
- Crisis Prevention Institute (**Certified Instructors**) Non-Violent Crisis intervention trainings
- Learning Circles for Behavior Management
- Behavioral Health Improvement Plan (BHIP) Non-Violent Communication Pilot
- Behavioral Utilization Management Pathway Committee (BUMP)
- Behavioral Symptoms, Psychosocial, Psychotropic Drug Use, Cognitive Loss/Dementia, Mood State, and High Elopement Risk AEB Care Plan Recommendations (TCT Initial Assessment)

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Lessons Learned and On-going Improvement

- Therapeutic Care team has received urgent pages for routine behaviors that nursing staff can manage. *i.e., Paging TCT to help with refusal of care assuming there will be physical or verbal aggression.*
- Nursing staff are apprehensive about learning new ways to manage behavior and often leave it to the BRT staff. *i.e., Staff states they are too busy to have an extended conversation with residents.*
- As TCT nurses round on the units they are developing relationships with staff allowing opportunities to remind staff of their Trauma Informed, CPI, SUD, SI trainings, to use their interventions and give examples of Motivational Interviewing and Non-Violent Communication skills. *Goal is to reduce staff's hesitancy and apprehension.*

Our work is not to change residents, but to develop ourselves to understand resident's needs.

Therapeutic Care Environment

Is an environment that is supportive of each individual and recognizes that people are vulnerable to chaotic environmental influences. It is individualized, flexible, and designed to support the various functional levels of our residents as well as recognizing the needs of our staff.

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Thank You

Questions?