Studies show that up to 40% of the homebound elderly population have at least one psychiatric disorder, with depression and dementia the most common. These patients are often overlooked or misdiagnosed for behavioral health needs.

To help you provide the highest quality care for them in the home setting, VNSNY has developed a Behavioral Health and Dementia Management program that incorporates the most recent advances and best practices in clinical care.

Developed by leading industry experts and innovators, this person-centered program utilizes proven, evidence-based protocols to:

- Enhance patient experience and satisfaction
- Improve clinical outcomes
- Reduce hospitalization rates and ED utilization.

Each patient receives a comprehensive assessment of mood and cognition, which forms the basis of an individualized treatment plan. A trained interdisciplinary team provides:

- Diagnosis-specific psycho-education
- Care coordination
- Medication management
- Supportive counseling
- Caregiver education
- Links to community support

For more information, or to refer a patient, please call VNSNY at 1-866-632-2557.

## DEPRESSIVE DISORDERS

For patients with these common symptoms and clinical indicators:

- Reports feelings of:
  - Sadness
  - Helpless or hopelessness
  - Worthlessness or guilt
- Fatigue or lack of energy
- Anhedonia (inability to enjoy what is usually pleasurable)
- Dramatic appetite changes or shift in sleep patterns
- Taking psychotropic medication, in need of monitoring
- Recently suffered a loss or change in health status
- Frequent hospitalizations

VNSNY can provide:

- Comprehensive assessment of mood and cognition, using evidence-based screening tools
- Individualized treatment plan, utilizing clinical pathways based on diagnosis and acuity
- Diagnosis-specific psycho-education, using self-management tools such as reframing strategies and self-esteem building techniques
- Supportive counseling and goal-setting
- Care coordination and clinical monitoring of condition
- Medication management, with strategies to improve adherence
- Identification of community linkages including support groups

## ANXIETY DISORDERS

For patients with these common symptoms and clinical indicators:

- Excessive worry, anticipatory anxiety, agoraphobia
- Panic attacks
- Physical symptoms such as:
  - Perspiration
  - Heart palpitations
  - Xerostomia (dry mouth)
  - Muscular tension
  - Dyspnea or hyperventilation
  - Insomnia
- At risk for repeated hospitalizations
- Recuperating from acute illness or challenged by other comorbidities

VNSNY can provide:

- Comprehensive assessment of mood and cognition, using evidence-based screening tools
- Individualized treatment plan, utilizing clinical pathways based on diagnosis and acuity
- Diagnosis-specific psycho-education, using self-management tools such as stress reduction through relaxation and mindfulness exercises, and self-esteem building techniques
- Supportive counseling and goal-setting
- Care coordination and clinical monitoring of condition
- Medication management, with strategies to improve adherence
- Identification of community linkages including support groups

## ALZHEIMER’S AND RELATED DEMENTIAS

For patients with these common symptoms and clinical indicators:

- Increasingly erratic behaviors, including:
  - Agitation, aggression and resistance
  - Wandering or rummaging
  - Screaming
  - Sexual inappropriateness
  - Paranoia or suspiciousness
- Caregiver in need of counseling/support
- Difficulty with ADLs and IADLs
- Unstable gait and/or history of falls
- Dysphagia or speech difficulties
- Medication adherence challenges
- Frequent hospitalizations

VNSNY can provide:

- Comprehensive assessment of mood, cognition and functional levels, using evidence-based screening tools
- Individualized treatment plan, utilizing clinical pathways based on diagnosis and acuity
- Caregiver education in:
  - Disease process and symptoms
  - Promoting independence, positive behaviors, and quality of life
  - Techniques to manage patient’s ADLs and IADLs
  - Home safety, strength development and falls prevention
  - Managing difficult behaviors
- Medication management, with strategies to improve adherence
- Assessment and management of speech and swallowing difficulties
- Care coordination and clinical monitoring of condition
- Identification of community linkages including support groups

For more information, or to refer a patient, please call VNSNY at 1-866-632-2557.
BIPOLAR DISORDER

For patients with these common symptoms and clinical indicators:

- Mania or manic episodes with mood or behavioral changes, including:
  - Long periods of feeling “high”
  - Extreme irritability, rage, agitation, feeling “jumpy”
  - Talking very fast
  - Easily distracted
  - Restlessness, decreased sleep
  - Impulsive behaviors
- Depression or depressive episodes with mood or behavioral changes, including:
  - Long periods of feeling worried, worthless or empty, sadness or despair
  - Loss of interest in activities
  - Decreased energy
  - Problems with concentration, memory, and decision-making
  - Changes in eating, sleeping, or other habits

VNSNY can provide:

- Comprehensive assessment of mood and cognition, using evidence-based screening tools
- Individualized treatment plan, utilizing clinical pathways based on diagnosis and acuity
- Medication management, with strategies to improve adherence
- Psycho-education to identify triggers and support use of self-management tools to control symptoms
- Care coordination and clinical monitoring of condition
- Identification of community linkages including support groups

SCHIZOPHRENIA

For patients with these common symptoms and clinical indicators:

- Hallucinations
- Delusions or illusions
- Movement disorders (agitated body movements)
- Thought disorders (unusual or disorganized thinking)
- Flat affect (trouble showing emotion)
- Difficulties focusing or paying attention
- Problems recognizing illness (do not believe they are ill)

VNSNY can provide:

- Comprehensive assessment of mood and cognition, using evidenced-based screening tools
- Individualized treatment plan, utilizing clinical pathways based on diagnosis and acuity
- Medication management, with strategies to improve adherence
- Psycho-education to identify triggers and support use of self-management tools to control symptoms
- Care coordination and clinical monitoring of condition
- Identification of community linkages including support groups
VNSNY employs widely accepted, evidence-based tools as part of its comprehensive assessment and reassessment. A sampling includes:

<table>
<thead>
<tr>
<th>DEPRESSION AND ANXIETY</th>
<th>DEMENTIA (COGNITIVE IMPAIRMENT)</th>
<th>BIPOLAR DISORDER AND SCHIZOPHRENIA</th>
</tr>
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<tbody>
<tr>
<td><strong>GDS (Geriatric Depression Scale):</strong> a screening instrument that has been tested and used extensively to identify depression in older populations (65+ yrs)</td>
<td><strong>Mini-Cog™ (Mini-Cognitive Assessment Instrument):</strong> a simple, effective screening tool used to uncover cognitive impairment in its earliest stages</td>
<td><strong>Young Mania Rating Scale (YMRS):</strong> measures the severity of behaviors exhibited during the manic phase, from none/mild to severe</td>
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<td><strong>PHQ (Patient Health Questionnaire):</strong> a screening and diagnostic tool to identify mental health disorders (&lt;65 yrs). PHQ-2 is a two-item questionnaire used for depression. If positive, the PHQ-9, a nine-item questionnaire, is administered.</td>
<td><strong>FAST (Functional Assessment Staging scale):</strong> used to evaluate a patient's stage of dementia within seven stages</td>
<td><strong>Abnormal Involuntary Movement Scale (AIMS):</strong> test to detect tardive dyskinesia (TD), involuntary movements which are side effects of medications</td>
</tr>
<tr>
<td><strong>HAM-A (Hamilton Anxiety Rating Scale):</strong> a 30-point scale used to measure the severity of anxiety symptoms</td>
<td><strong>CSI (Caregiver Strain Index):</strong> a 13-question instrument that measures a caregiver's strain related to care provision</td>
<td><strong>SAD PERSONS Scale:</strong> assess suicide risk</td>
</tr>
</tbody>
</table>

**PATIENT ELIGIBILITY CRITERIA**

- Psychiatric diagnosis with symptoms of behavioral disturbances:
  - Depression, anxiety disorder, acute exacerbation of bipolar disorder or schizophrenia
  - Alzheimer’s Disease or other dementia, and has an involved caregiver
- Psychiatically or medically homebound
- Requires psychiatric skilled nursing care
- Under the care of a physician
- Medicare eligible

*Patients are not eligible if they may cause harm to themselves or others, or are actively abusing drugs/alcohol without participation in substance abuse treatment.*

For more information, or to refer a patient, please call VNSNY at 1-866-632-2557.