

## Puente Clinic San Mateo

Lack of understanding of people with I/DD, systems that do not work together, shifting risk back and forth, and difficulties navigating the complexities of both the legal and healthcare systems are contributors to poor outcomes as people with disabilities age and transition to the end of life. However, there are opportunities to improve these underlying conditions and provide more effective supports for good health care across the lifespan. The Puente Clinic of San Mateo County offers one such model.<sup>99</sup>

The Puente Clinic is a program of the Behavioral Health and Recovery Services department of the San Mateo County health system. The clinic brings together collaborative resources of multiple agencies to address the most vulnerable persons with I/DD: those with co-occurring developmental disability and behavioral health conditions. The incidence of mental illness in persons with a developmental disability is three to five times greater than the general population, with approximately 20-25% of those with mild to moderate I/DD and nearly 50% of those with severe or profound I/DD having a co-occurring mental illness.<sup>100</sup> The causes are not fully understood, but negative social conditions are thought to play a role in creating high levels of emotional distress, including segregation, stigma, bullying and abuse. The complexity of needs combined with lack of appropriate services and ineffective systemic coordination put these consumers at high risk for negative outcomes such as homelessness, incarceration and institutionalization. According to DDS, 60% of those institutionalized in state Developmental Centers have co-occurring I/DD and mental health disabilities.<sup>101</sup>

The Puente Clinic is a collaboration of San Mateo County Behavioral Health, the local Regional Center (Golden Gate Regional Center) and the Health Plan of San Mateo (HPSM). Clinic staff are not co-located but are provided by a partnership among these agencies. This structure allows the work of the clinic to be sustainable. The coordinated work with HPSM and the Regional Center is the core of the model, although the clinic also brings in Public Guardians, Adult Protective Services, older adult community resources and other local agencies involved in a consumer's care. Efficiently combining a variety of human and fiscal resources, including the funding from California's dual eligible demonstration, the Puente Clinic provides enhanced care coordination and specialized resources. The actual staff of the Puente Clinic consists of psychiatrists and a social worker. A nurse providing coordination

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<sup>99</sup> An overview of the Puente Clinic may be found at their website, <http://smchealth.org/bhrs/pro>

<sup>100</sup> Disability Rights California. Pub #CM27.01, October 2013. *Stop Segregation of People who have both Mental Health and Developmental Disabilities*. p. 1. Retrieved on 10/24/14 from <http://www.disabilityrightscalifornia.org/pubs/CM2701.pdf>.

<sup>101</sup> Ibid, p. 2.

for primary care comes from HPSM; a forensic social worker housed within the Regional Center performs capacity determinations. The majority of clients served by the Puente Clinic are not conserved, though Limited Conservatorship is an option should the need arise.

The clinic provides one-time consultation, case coordination among all treating staff to plan for challenging circumstances, and continuing care services such as comprehensive mental health treatment and medication management. Services are provided in both the clinic and the consumer's home and focus on persons entering the community after institutional placement or at risk for higher levels of care, psychiatric emergency responses and issues of complex diagnosis or polypharmacy. The Puente Clinic also provides specialty and dental services. It is able to organize an array of recovery-oriented and flexible strategies that can solve problems and successfully address forensic and other complex concerns with a person-centered approach. The following vignette featuring the Puente Clinic's work illustrates how this model of intensive care coordination can address complex circumstances and improve health care and quality of life for people with I/DD.

### **Vignette: Improved Health Care through Collaboration<sup>102</sup>**

In July 2012, the Puente Clinic learned of a 58-year-old female ("Maria") who had been admitted to Mills Peninsula Hospital for failure to thrive. Maria had been living with her mother and sister and, according to her sister, was happy and active, described as a "people person" and a "go-getter." However, after her mother died in July 2011, Maria had become very depressed, stopped eating and would only get out of bed to use the restroom. Her weight dropped from 210 lbs. to 128 lbs. Six months prior to coming to the attention of the Puente Clinic, she had been hospitalized and then transferred to Mills Peninsula Extended Care Facility, a skilled nursing facility (SNF). During the transfer, Maria told her sister that the paramedics had "tossed her around like a cat," which caused her to fear falling and refuse to get out of bed. Maria had also undergone dental surgery that extracted 20 teeth, one week prior to hospitalization. After admission to the skilled nursing facility she

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<sup>102</sup> Adapted from vignette provided by Dr. Chris Esguerra, who was then serving as Deputy Medical Director and Medical Chief of Adult Services for Behavioral Health and Recovery Services and oversaw the Puente Clinic. Personal communication, 10/3/13.

underwent placement of a percutaneous endoscopic gastrostomy (PEG) tube and declined to non-ambulatory status.

The family did not seek Regional Center services until after the death of Maria's mother; Maria was made eligible for Regional Center services in April 2012. The case was referred to the Puente Clinic by a care coordination nurse case manager for Health Plan of San Mateo (HPSM), who contacted the Golden Gate Regional Center case manager and suggested a community placement in an Intermediate Care Facility (ICF). There were complications with the placement because of difficulties in sharing information between the ICF and the SNF, but the nurse case manager successfully navigated the placement. She then secured permission for the HPSM physician to follow Maria at home because of her fear of going out into the community, and worked closely with the Regional Center to get support in home day programming for Maria. Finally, she encouraged a referral to The Puente Clinic to obtain mental health services.

The Puente Clinic psychiatrist met with Maria at her home for an assessment, spoke at length on the phone with the client's sister for collaborative information and determined that there was no previous psychiatric history. He adjusted Maria's medications and consulted with the clinic behaviorist to formulate a plan for gradual exposure to strengthen the client, with a goal of addressing Maria's anxiety about falling and helping her to move toward ambulation. He also recommended the involvement of the Center for Behavioral Education and Management, a behavioral crisis intervention team, to address the client's generalized fears and assist in transitioning the client to attend a day program. Psychotherapy with a Puente clinician was also recommended.

A Puente Clinic therapist conducted a psychotherapy assessment of Maria in her home. In consultation with staff from the home, the therapist learned that Maria appeared more depressed on cloudy days and that she had experienced the loss of a sibling in the fall season. Light therapy was considered but light therapy medical devices are not currently covered by the Medi-Cal program.<sup>103</sup> The client was unable to respond verbally, so talk therapy was not seen as beneficial. Instead, considering that the client's symptoms were significantly organized around somatic responses, the Puente team decided that Somatic Therapy might be helpful.

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<sup>103</sup> An informant from Disability Rights California notes that a Regional Center could potentially pay for this type of equipment.

Somatic Therapy, also known as Body Psychology, combines traditional psychological practice with understanding the critical role of the body in the construction and interpretation of the human psyche. Premised on unity and holism, it eliminates the distinction between the mind and body and assists clients to recognize and explore how they use their body to enact self-regard, identity, emotions, and relational connectivity in their daily, lived experience. Somatic Therapy is especially useful in helping clients expand ranges of expression and it promotes integration of changes clients work toward in therapy.

The somatic therapist was successful in engaging Maria by responding empathetically to facial cues, playing games and prompting and encouraging her to respond verbally. They engaged in collaborative play designed to elicit and access language, using a book on friendship and reading the book together. She also used mindfulness, communication worksheets, drawing and singing to draw Maria out. Through these approaches, the therapist was able to elicit feelings from Maria regarding relationships, and Maria began to display confidence in engaging in relationship with the therapist. Her communication improved -- her enunciation became clearer, she was speaking more loudly and needed fewer prompts to speak.

During one of the therapist's visits a doctor arrived to examine Maria, giving the therapist the opportunity to witness Maria's intense fear and physical reaction to the doctor. The therapist provided calm and soothing support, staying with Maria during the doctor visit. She was able to convey to Maria that this was a different doctor than the one who had extracted her teeth, which calmed Maria immediately. This provided valuable information regarding the extent of the trauma Maria underwent with her previous medical procedures and helped to inform her treatment plan.

Since that time, Maria has made significant progress, attributable to the collaboration of the Puente Clinic, the Health Plan of San Mateo, the Regional Center and input and cooperation from Maria's family and staff at the ICF. In Maria's case, her health was significantly improved and a conservatorship was avoided, by means of advanced care coordination and specialized services.