

CASE STUDY

Behavioral Health Support Services Use

Between July and December 2024, LANES partnered with San Fernando Valley, California-based Mission Community Hospital (MCH) and the Vista Del Mar (VDM) Mobile Crisis Outreach Team (MCOT) team to improve care outcomes for patients with behavioral health conditions.

MCH is a 145-bed acute care facility with a 68-bed dedicated behavioral health unit. Its Emergency Department (ED) has 19 beds, with four dedicated to behavioral health patients. The hospital began a four-year psychiatric residency program in 2022.

Background

Prior to implementing the LANES platform, MCH relied on patient self-reporting and manual data collection, making it difficult to obtain accurate and complete histories. This was particularly difficult when collecting information for patients experiencing homelessness and part of MCH's HOME (Homeless Outreach and & Mobile Engagement) Team program, which provides outreach, engagement, and street treatment in coordination with the Los Angeles County Department of Mental Health. VDM's MCOT assessed patients in the field but faced challenges securing RTC admissions due to incomplete patient medical histories.

Methodology

LANES worked closely with the MCH and VDM leadership and clinical teams to improve workflow integration and measuring improvements by:

- Identifying patient cohorts for tracking via LANES Smart Alerts, which are event notifications that flag significant events in patient health records in real-time, such as admissions, discharges, and transfers (ADT):
 - MCH: HOME Team patients, primarily individuals experiencing behavioral health conditions and homelessness.
 - VDM: MCOT patients who are eligible for RTC placement.
- Training clinical staff to access LANES data for intervention and decision-making.
- Providing key patient information (hospital visits, medications, labs, and physician notes).
- Facilitating data-driven decisions to improve patient placement, medication management, and treatment planning.

Clinical Criteria for Inclusion

MCH – HOME Team:

- Individuals with DSM-V diagnoses, identified by LA County Department of Mental Health Street Medicine Program as needing psychiatric ED or inpatient care.

VDM – MCOT Team:

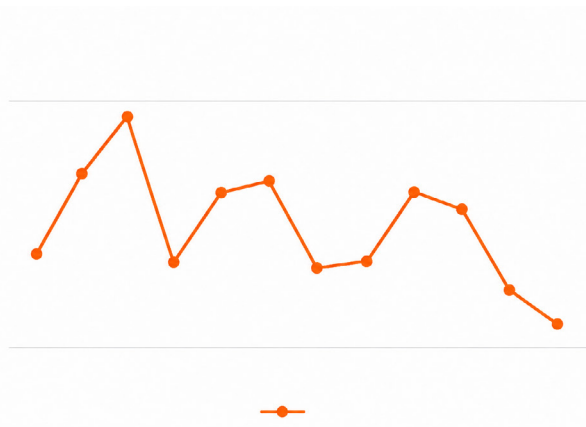
- Individuals who are eligible for community treatment facility placement as an alternative to psychiatric hospitalization.

Use Case Results

MCH achieved the following results:

- 70% reduction in avoidable ED visits among HOME Team patients over six months.
- Saw an improvement in clinical decision-making by providing supplemental patient information on the LANES platform.

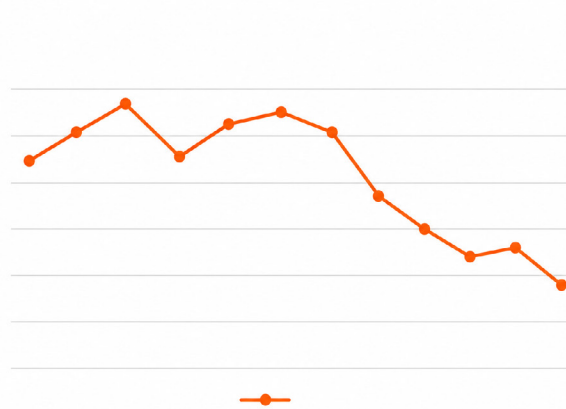
	Month	ED
Before LANES use case	Jan	34
	Feb	68
	Mar	94
	Apr	31
	May	59
	June	63
After LANES use case adoption	July	30
	Aug	32
	Sept	59
	Oct	52
	Nov	21
	Dec	8
Total Visits		551



VDM Clinic achieved the following results:

- 60% reduction in avoidable ED visits for MCOT patients.
- Streamlined RTC eligibility for behavioral health patients by displaying patient affiliation directly on the LANES platform.

	Month	ED
Before LANES use case	Jan	186
	Feb	210
	Mar	237
	Apr	191
	May	220
	June	233
After LANES use case adoption	July	217
	Aug	153
	Sept	124
	Oct	103
	Nov	110
	Dec	84
Total Visits		2068



Conclusion

Integration of LANES effectively bridged care gaps for patients with behavioral health conditions. In addition to a significant reduction in avoidable ED visits, LANES' integration improved care coordination, patient safety, and treatment continuity, resulting in:

- ✓ Improved histories for non-communicative or culturally diverse patients.
- ✓ Better medication management, avoiding polypharmacy risks.
- ✓ Enhanced placement decisions for unhoused individuals.