

RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT)

High Intensity Case Management: How to Help Your Clients Avoid Crises (Part 1)

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TASC's Center for Health & Justice

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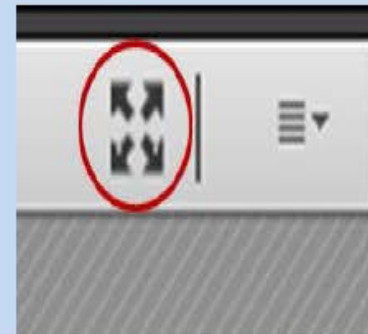
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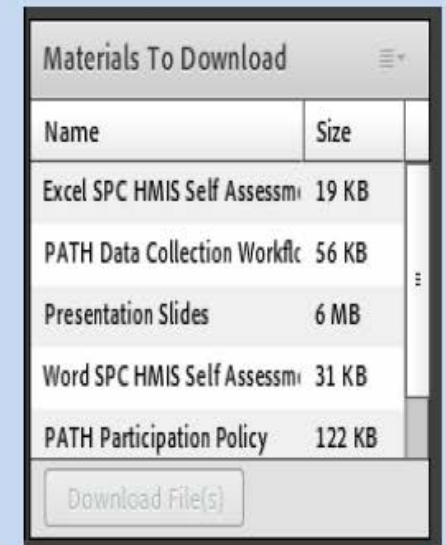
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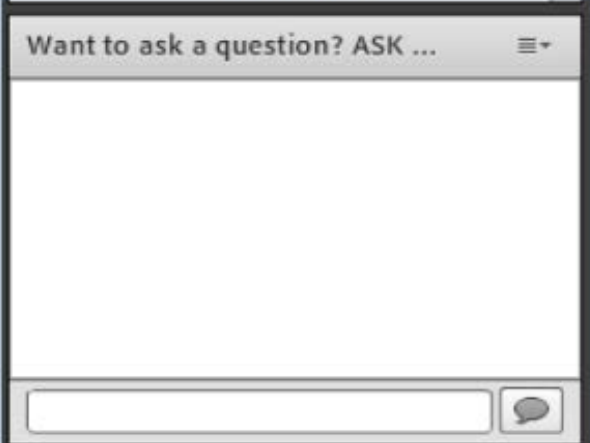
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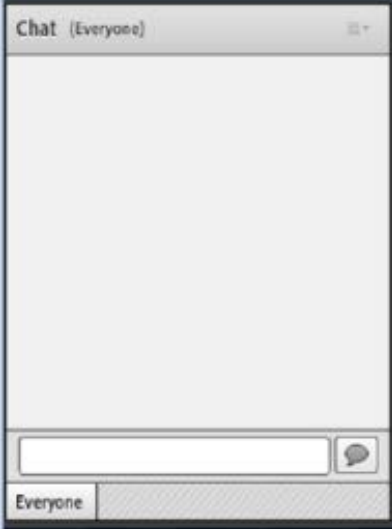
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Our support staff will assist you with your technical issues, and our moderator will present as many questions as possible to the presenter.

A screenshot of a Q&A interface. The title bar reads "Want to ask a question? ASK ...". Below the title bar is a large white text input area. At the bottom right of the input area is a speech bubble icon. Below the input area is a smaller white text input field, also with a speech bubble icon at its bottom right.

Chat with us!

If you have general comments, please post them in the participant chat box.

A screenshot of a chat interface. The title bar reads "Chat (Everyone)". Below the title bar is a large white text input area. At the bottom right of the input area is a speech bubble icon. Below the input area is a smaller white text input field, also with a speech bubble icon at its bottom right. The word "Everyone" is visible in the bottom left corner of the chat window.

High Intensity Case Management: How to Help Your Clients Avoid Crises (Part 1)

**Eve Weinberg
&
Jac Charlier**

TASC's Center for Health & Justice



CENTER FOR
HEALTH & JUSTICE

AT TASC

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Executive Director
TASC's Center for Health and Justice
RSAT Webinar
May 20, 2020



In Addition to RSAT TTA, CHJ Is...

- Grounded in 45+ years of *operational experience* providing specialized case management to individuals with a SUD and MH across the justice system
- An international/national TTA leader with expertise in deflection, pre-arrest diversion, first-responder diversion (FRD) and the DOJ BJA TTA provider for COSSAP FRD grantees since 2017 (112 grantees)
- Also, doing the same for *diversion along the justice continuum* at the intersection of justice and health for jails, courts, and reentry
- A recognized leader in Community Treatment Capacity (Deflect/Divert to What?), Sustainability, Alternatives to Incarceration, and Specialized Case Management





High Intensity Case Management:

How to Help Your Clients Avoid Crises Part 1

Introduction

- Recently, TASC reviewed about two years worth of critical incident reports.
- We were concerned and disturbed by the ***number and severity*** of the critical incidents
- Then we analyzed the cases to determine if there were ways to avoid the C.I.

The incidents included

Client Death

Client Overdose

Client AWOL from TASC and Treatment

Serious medical issues (client unable to attend treatment)

Clients victim of violence

Clients commit a violent act(s)

What Did We Learn?

- There were some common precedents

What did we do?

- We created High Intensity Case Management
- As a step between “usual and customary” and crisis intervention
- The goal is to stabilize before there is a crisis

Learning Objectives

- In this 2-Part Session, you will learn:
 - The precedents to crises (CI) that we identified
 - The indicators that clients should be moved to HICM
 - Screening questions to identify clients in need of HICM
 - Specific services aimed at each risk category
 - Recommended frequency of contact
 - Recommended step-down indicators
 - Specific service that can be provided virtually

Introduction

- High Intensity Case Management is a way to provide **an extra level of support for clients who are particularly vulnerable.**
- It is designed to **try and avoid crises and keep clients stable and safe.** Some clients may never need high intensity case management, and others will go in and out of these services frequently. Some clients may stay on high intensity for a long time, and others may be just a day or two.
- **There are no time requirements; there are criteria for moving clients up to high intensity and stepping clients down.**
- High Intensity case Management means a client gets some extra attention (**more frequent contact**) and **specific services** that address the reason the client is on HICM. **When the issue is stabilized, the client can be moved down**

Some Populations Automatically Get Increased Contact

- Re-entry
- We know that this is a particularly vulnerable and dangerous time

Poll #1

What Issues Do You Think Preceded Crises?
(choose all that apply)

- a) Opioid Use
- b) Number of Prior Convictions
- c) Housing Instability
- d) Length of time incarcerated
- e) Medical Issues

High Intensity Case Management Populations

- Clients at high risk for overdose
- Clients at high risk for homelessness in the near future
- Clients with a serious untreated medical issue
- Clients who believe they are at high risk of being the target of violence
- Clients who are at high risk for imminent food insecurity

For Each of These, We'll Fill Out This Chart

Population	Screening ?	Needed Services	Frequency of Contact	Step Down Criteria	Community Service	Other
OD						
Homelessness						
Safety						
Medical						
Food						

Poll #2

What is your experience working with clients who have overdosed?

- a) No experience
- b) Worked with client who overdosed
- c) Worked with client who overdosed and was revived with naloxone (NARCAN)
- d) Worked with client who died from overdose

Clients at High Risk for Overdose: Who Are They?

- Recently released from jail or prison
- Recently completing residential treatment
- With any period of abstinence
- Using Opioids or anything that could be laced
- Anyone who has **previously** overdosed– *any subsequent OD more likely to be fatal*

***Overdoses are on the rise during COVID*

Chat Exercise #1

Can you develop screening questions?

What would you ask a client in order to determine that they might be at risk for OD?

(Type in the chat box below!)

Screening Questions (if you don't already know the answers)

- Do you use any opioids (be prepared to define)
- Do you use anything else that can be laced with Fentanyl?
- Have you recently been released from prison or jail?
- Have you been in residential treatment?
- Have you been abstinent?

What Do These Clients Need?

- Information about OD
- Naloxone and how to use it
- Naloxone for Family and Friends
- Fentanyl Strips
- Safety Plan
- Talk to Collaterals (with consent)
- Immediate treatment especially for an MAR assessment

A Word About MAR

- Resistance
- Stigma
- If I did it without, you can too
- Traditionally, shunned in the 12-step community
- More widely available via telehealth
- We're assessing all clients who use alcohol and/or opioids.

Safety Planning

- Used in many situations
- Planning ahead of time for a potential situation
- Harm Reduction
- Accepts that the situation may happen
- Goal is to reduce the harm if it does

Here's what TASC's looks like – Part 1

- **Step 1: Identify Warning Signs/Triggers**- How will I know if I need to use my safety plan-- ex thoughts of suicide, using more drugs and alcohol than usual or planned, isolating from positive family and friends, seeking out people who are not invested in keeping me safe, self-harming, other risk-taking).
 - 1.
 - 2.
 - 3
- **Step 2: Identify internal coping strategies**. (What are things I can do **myself** to take my mind off my problems? Ex: meditating, exercising, yoga, taking a walk, journaling using my CBT/DBT skills).
 - 1.
 - 2.
 - 3.
- **Step 3: Identify Distracting People or Places** (What are **People and Places that can help take my mind off** my problems? Ex: going to a movie, visiting my nieces and nephews, going bowling, going to the gym, going to an AA/NA meeting, going out with friends)
 - Name Phone
 - Name Phone
 - Name Phone
 - Place Place

Continued...Part 2

- **Step 4: Identify People Who Can Help.** Who are the **people** in my life who I can reach out to **for help**?
 - 1. Name _____ Phone _____
 - 2. Name _____ Phone _____
 - 3. Name _____ Phone _____
- **Step 5: How Do I make my environment safe?** Get rid of alcohol and drugs, guns, give meds to a partner for safe keeping, make sure my phone is charged, emergency numbers are in my phone
 - 1.
 - 2.
- **Step 6: Who are the Professionals I can contact During an Emergency**
 - 1. Clinician Name _____ Phone / Emergency Phone _____
 - Response Time _____
 - 2. Clinician Name _____ Phone/Emergency Phone _____
 - Response time _____
 - Local Hospital ER/Urgent care _____
 - Address _____
 - Phone _____
- **SUICIDE PREVENTION HOTLINE: 1-800-273-TALK (8255)**
- **OR TEXT THE CRISIS TEXT LINE BY TEXTING “TALK” TO 741741**
- The one thing that is most important to me and worth staying alive for is:
 - _____
 - _____

Frequency/Content of Contact

- Daily until the client is in treatment– “Well Being Checks”
- Phone, in-person, video, text (make sure you have the correct consents).
 - Review the safety plan
 - Emergency #s
 - Check on Naloxone
 - Plans for the day./night
 - Intake appt.
 - Meetings

Where Are We

Population	Screening ?s	Needed Services	Frequency/Content of Contact	Step Down Criteria	Community Service Providers	Other
OD	✓	✓	✓	✓		
Homelessness						
Safety						
Medical						
Food						

End of Part 1

See you next week for Part 2



Questions?

Type your questions in the Q&A box on your screen

Speaker Contact Info:

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&

Jac Charlier, jcharlier@tasc.org

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- 1 NAADAC Continuing Education Hour (CEH)
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- [June 15, 2020 RSAT webinar CEH quiz link:](#)
- <https://www.surveygizmo.com/s3/5737044/July-22-2020-RSAT-Webinar-CEH>

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