

RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT)

High Intensity Case Management: How to Help Your Clients Avoid Crises (Part 2)

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TASC's Center for Health & Justice

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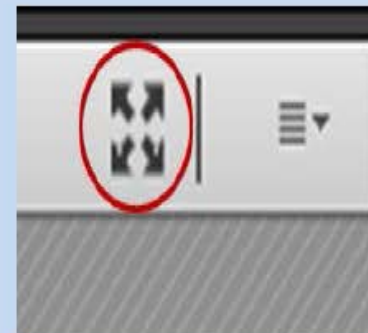
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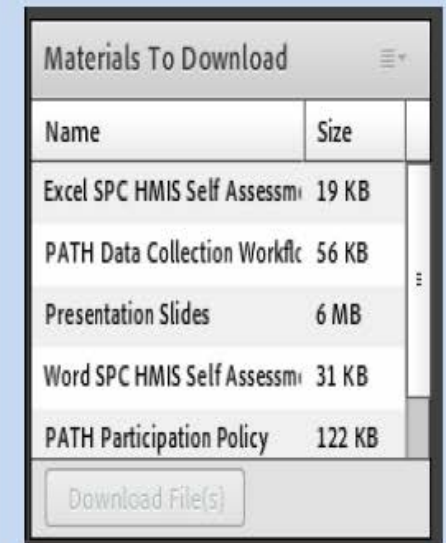
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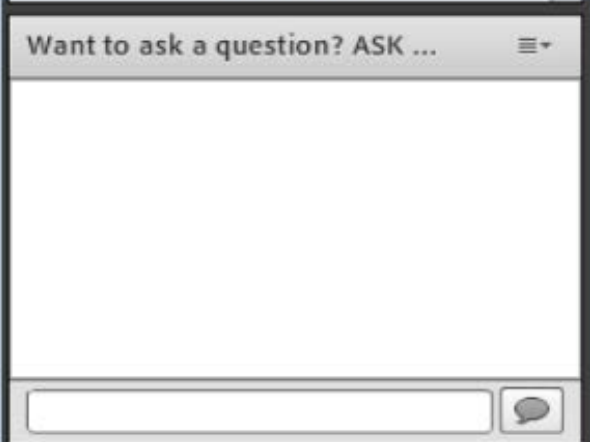
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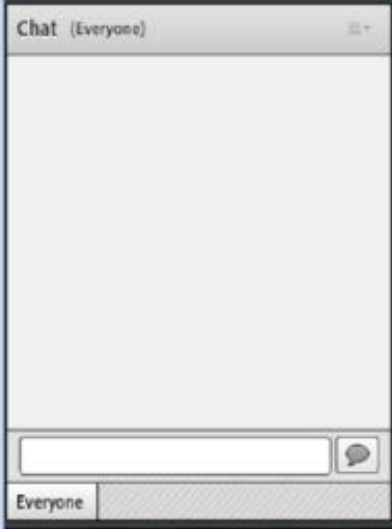
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The screenshot shows a text input area with a header that reads "Want to ask a question? ASK ...". Below the input area is a small chat icon. The entire interface is contained within a light blue rectangular box.

Chat with us!

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



The screenshot shows a chat window titled "Chat (Everyone)". It features a large text input area and a chat icon at the bottom right. The window is set to "Everyone" and is contained within a light blue rectangular box.

High Intensity Case Management: How to Help Your Clients Avoid Crises (Part 2)

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&

Jac Charlier

TASC's Center for Health & Justice



CENTER FOR
HEALTH & JUSTICE

AT TASC

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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 2

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**

Where Are We

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

Category 2: Safety

- We saw a number of our clients die or be seriously injured in violent episodes.
- So we ask about:
 - Is there a reason to think you might be an identified target of violence
 - Hit? Contract? Safe at Home?

Poll Question #1

Have any of your clients experienced these situations related to safety and violence? [*Check all that apply*]

- General safety at risk
- An order of protection filed against them
- Filed an order of protection against someone else
- Been a target of violence by someone
- Been a target of violence (had a hit put on them) by a gang
- Lost their life due violence

Here's our Definition

- Potential safety issue
- Client is safe now, but has the potential to be at risk in the next 30 days
- If the client is currently at risk, we treat it as a current crisis. Remember, we're trying to reduce the risk of crisis

Poll Question #2

What might you ask a client in order to determine whether he/she may be at risk to be a victim of targeted violence?

Enter your answer in the box below! Only one answer per attendee.

TASC's Screening Questions

- 1) Do you have any reason to think your safety is at risk?
- 2) Is there a hit out on you?
- 3) is there an order of protection for you?
- 4) Do you want to pursue an order of protection?
- 5) Are you the target of any violence from gangs or others?

What do we do?

- Develop Safety Plan focused on these issues
- Ensure there are strong linkages to services outlined in the safety plan
- Begin the conversation

Safety Plan: 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 |

Safety Plan: Here's what TASC's looks like – 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 of Contact

- At least Weekly until step down
- The client determines step down

Where are we now?

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

Here's our Definition

- Serious Medical Issue.
- Acute or chronic (non-emergency) health issues
- Needs attention in the next 7-14 days
- This includes pregnancy

- Again, if it's a current crisis, treat it as a crisis

Chat Exercise # 1

What screening question might you ask to determine whether a client has a medical issue that may become a crisis in the next 30-60 days?

Medical

- We had a number of critical incidents related to medical issues that became crises.
- Many of our clients (and yours) are not used to having insurance
- Medical issues wait until they're emergencies
- Part of our job is to identify these issues

Screening Questions

- Do you have any serious health issues that needs attention in the next two weeks (ex: untreated high blood pressure, pregnant with no pre-natal care scheduled, asthma that needs treatment, diabetes needing attention, etc.)

HICM Interventions

- Ensure the client has insurance and a PCP.
 - Enroll in Medicaid if necessary.
 - Ensure the client has Dr. Appointments.
 - Ensure collateral know treatment regimen.
 - Ensure client has necessary RX.
-
- COVID makes these even more crucial

Frequency and Step Down Criteria

- Case Manager will follow up with Client within 24 hours.
- Weekly until client is getting the needed health services .
- UNTIL...
- When the client has gone to the Dr. for the serious medical issue and has a plan for follow up.

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Homelessness						
Safety	✓	✓	✓	✓		
Medical	✓	✓	✓	✓		
Food						

Homelessness– Preceded Several Critical Incidents– COVID Has Increased

- Potential for homelessness in the next 30 days.
- Client currently has housing.
- But housing may not last more than 30 days

- Obviously, De-stabilizing – often a sign that many other things could be happening

Realities of Homelessness and the CJ Population

- Common issue– limited by requirements
- Doesn't mean they're on the street
- Couch surfing
- Staying with family/friends

Assume CJ Clients May Have Housing Insecurity

- Do you know where you'll be living a month from now?
- If no, Do you have a plan for getting a place to live? If no
 - 1) Need for more stable housing.
 - 2) Plan for housing emergency (if necessary)

Plan for housing next steps. (Friends, family, independent, sober living, local housing resources).

Give client list of emergency housing resources in case they're needed

Frequency/Step Down Criteria

- Weekly Contact until the client has a plan for housing stability past 30 days
- Weekly Until Step Down
- When the client has a plan for housing past 30 days

Where Are We Now?

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Safety	✓	✓	✓	✓		
Medical	✓	✓	✓	✓		
Food						

Food Insecurity: COVID Has Made This More Pervasive

- Are you confident you'll be able to get the food you need on the next month?
- Help client enroll in food security programs
- Weekly Contact until the client has a plan for food stability past 30 days

You Should have Providers in your pocket

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

Questions?

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

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- 1 NAADAC Continuing Education Hour (CEH)
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July 22, 2020 RSAT webinar CEH
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