MONITORING CASELOADS

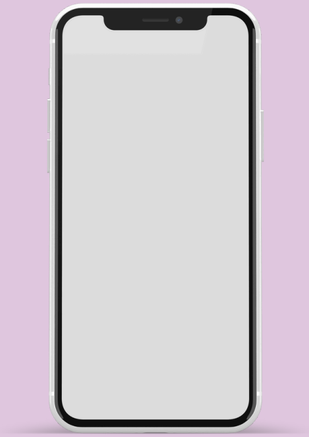
Early Intervention in individuals with IDD/MH

Prepared by: Jessica Morales, LMSW
Director of Crisis Emergency Services

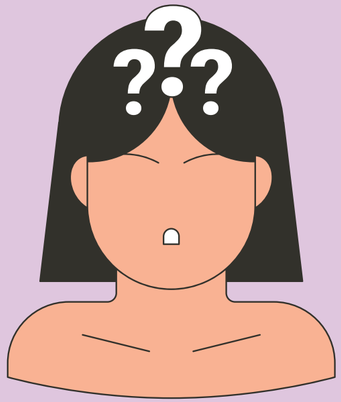
Presenter:
Deborah Alvidrez, Program Manager of CIS

Friendly Reminders

While waiting for others to come in, here are some rules and reminders to keep in mind.



Silence your cellphones.



Be mindful of others; please keep distractions to a minimum.

Questions will be entertained at the Q&A after the presentation.

Learning Objectives

01. Attendees will demonstrate an understanding of caseload monitoring tools and practices to identify early stressors in individuals with IDD and MH, facilitating prompt and preventive crisis intervention in severe cases.

02. Attendees will analyze a suite of strategies for improving prevention measures, managing caseloads with precision, and crafting tailored intervention and follow-up protocols for diverse client needs.

03. Attendees will examine successful case studies, to engage in dialogue, exchange professional insights, and contribute to a collaborative learning environment that fosters improved outcomes for those with IDD and MH issues.

Introduction to Early Intervention importance

- Early crisis intervention and prevention. By identifying early stressors and signs of potential crises before they escalate. This proactive approach not only helps in averting crises but also supports individuals in rediscovering their autonomy and building confidence.

Monitoring caseloads for individuals with Intellectual and Developmental Disabilities (IDD) is crucial for:

- Using innovative tools and best practices to ensure timely and tailored responses. By focusing on early intervention, we can:
  - Empower individuals with IDD to develop coping mechanisms;
  - Enhancing their ability to manage stress and maintain stability. Improving their quality of life but also fostering a safer and more supportive community environment.

Effective caseload monitoring involves:

Best Practices and Innovative Tools

Overview of AIM Model and C-SSRS

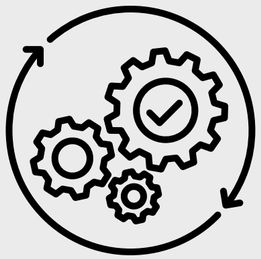
1. Assessing: This involves a thorough evaluation of the individual's current mental health status, identifying any immediate risks of harm to self or others. The assessment helps in understanding the severity of the crisis and the specific needs of the individual.

2. Intervening: Based on the assessment, appropriate interventions are put in place to address the identified risks and provide immediate support. Interventions can include counseling, crisis stabilization, and connecting individuals with necessary resources and services.

3. Monitoring: Continuous monitoring ensures that the interventions are effective and the individual remains stable. This involves regular follow-ups, adjustments to the care plan as needed, and ongoing support to prevent future crises.

Implementation of AIM & C-SSRS

Crisis Intervention Services is implementing the Assess, Intervene, and Monitor Model.
The Local Intellectual and Developmental Disability Authority (LIDDA) is implementing the short C-SSRS to enhance service coordination for individuals with IDD. A key component of this implementation is the introduction of the Columbia-Suicide Severity Rating Scale (C-SSRS) during monthly service coordination visits.



LIDDA aims to:

- Improve the overall quality of care Ensure the safety and well-being of individuals with IDD.
- Help CIS in managing crises effectively
- Supports individuals in building resilience and developing coping mechanisms for long-term stability.

- **Short version of C-SSRS**
  - Low, Medium, High risk identification
- **Training**
  - Crisis team training service coordination
  - 3 pathways for communication
  - Crisis levels of intervention
- **Monthly visits**
  - LIDDA Service Coordination monthly check ins
  - LIDDA has opportunity to implement C-SSRS for early detection of potential crises through identification of risk level

Understanding the Need for Early Crisis Intervention

- **Early Crisis Intervention**
  - **Identification of warning signs:**
    - sudden behavioral changes, expression of hopelessness, extreme distress, withdrawal from social activities, noticeable mood swings or erratic behavior
  - **Immediate support and de-escalation:**
    - create and provide calm and safe environment
    - active listening and empathetic communication
    - validate the individuals feelings and experiences
  - **Connection to appropriate crisis services promptly:**
    - Crisis has specialized programs that are appropriate based on setting in which crisis is occurring, and level of risk.
- **Impact**
  - **Immediate response to emerging crises:**
    - aims to stabilize and support in the early stages of distress
  - **Benefits:**
    - reduces risk of crisis situations worsening
    - minimizes need for more intensive and restrictive interventions
    - Promotes physical and emotional safety as a priority
    - reduces likelihood of harm to self and others
  - **Personalized Support:**
    - Tailored interventions considering unique needs and communication strategies
    - Helps maintain routines and environments client is familiar with; reduces disruption
    - encourages self-management and coping skills
    - Promotes social inclusion and reduces isolation- community integration!

- **Risk and challenges of not addressing early stressors**
  - **Increase severity of symptoms:**
    - Escalation of mental health crisis, or higher intensity of behavioral problems
  - **Ongoing compromised development:**
    - Delays in cognitive, emotional, and social development
    - Impact on daily living skills and independence
  - **Higher healthcare costs:**
    - increased need for intensive interventions and;
    - increase of Emergency Department visits, more frequent hospitalizations
  - **Strained support systems:**
    - Additional burden on family and caregivers
    - greater reliance on community and healthcare resources- Codependency of systems
    - Diminished overall well-being/life satisfaction
    - greater vulnerability to abuse and neglect, higher likelihood of self-harm or harm to others

Case examples of delayed intervention

- **30 yr old male, Moderate IDD, Schizoaffective bipolar type**
  - Late identification of ID diagnosis; was only receiving mental health services prior to CIS intake.
  - Crisis Intervention Services at initial stages of implementing Assess, Intervene, Monitor model.
  - Self-mutilation, aggression, ongoing suicidal ideations.
- **50 yr old female, Borderline IDD, Cerebral Palsy, Anxiety Disorder**
  - Reports of “Psychotic” symptoms
  - No weekly monitoring at the time, only during crisis intervention or meetings due to increase on behaviors
  - Medical clearance showed her having Sepsis due to an unidentified severe UTI
  - History of trauma (physical and sexual):
    - annual gynecological appointment led to her expressing Suicidal Ideations.
    - during CIS intervention findings: Client unprepared for this appointment, trauma not considered prior to appointment.

Caseload Monitoring Tools & Practices

Accreditation and guidance from the National Association for the Dually Diagnosed have been essential in our ongoing efforts to specialize crisis mental health services for individuals with IDD/MH. Through collaboration with other professionals, we gain valuable insights and innovative ideas by understanding their roles and perspectives. By integrating monitoring practices into the crisis continuum of care for IDD/MH, we can collect critical data and contribute to the development of specialized services in the field of IDD.

01.

Innovative tools for Monitoring

- C-SSRS at weekly monitoring visits from CIS, and monthly service coordination visits
- Universal precautions, Safety Plan, Counseling Access to Lethal Means for low risk
- Comprehensive Risk Assessment for Medium to high Risk

02.

Best Practices in Monitoring

- Adapt communication to individuals level of ID (comprehension and perception matters)
- Biopsychosocial Intake
- Treatment Plan based on client's most challenging situations, needs and wants
- Multidisciplinary collaborations and data collection of other professionals tools for consideration in CIS treatment planning.

03.

Integration into daily workflow

- Practical steps to incorporate monitoring as a form of caseload management to reduce ongoing crisis.
- Training staff and ensuring consistency

Strategies for Early Stressor Identification

Common signs of stress in individuals with IDD and MH.

01.

- **Behavioral:**
  - **Increased Aggression:** Sudden outbursts, irritability, or physical aggression.
  - **Self-Injurious Behavior:** Hitting, biting, or otherwise harming oneself.
  - **Withdrawal:** Avoiding social interactions or becoming less communicative.
  - **Changes in Routine Adherence:** Difficulty following routines or daily habits.
  - **Regressive Behaviors:** Reverting to earlier developmental stages (e.g., bedwetting, thumb-sucking).

02.

- **Emotional:**
  - **Anxiety:** Increased nervousness, fearfulness, or panic attacks.
  - **Depression:** Sadness, hopelessness, or lack of interest in activities once enjoyed.
  - **Mood Swings:** Rapid changes in mood, from happiness to sadness or anger.

03.

- **Physical:**
  - **Sleep Disturbances:** Difficulty falling or staying asleep, or sleeping too much.
  - **Appetite Changes:** Significant increase or decrease in appetite, weight loss or gain.
  - **Somatic Complaints:** Frequent headaches, stomach aches, or other unexplained physical symptoms.

04.

- **Cognitive:**
  - **Difficulty Concentrating:** Trouble focusing on tasks or making decisions.
  - **Memory Issues:** Forgetfulness or confusion.

05.

- **Social & Communication:**
  - **Avoidance:** Reluctance to participate in social activities or engage with others.
  - **Clinginess:** Becoming overly dependent on caregivers or familiar individuals.
  - **Changes in Communication:** Sudden loss of previously acquired language skills or reluctance to communicate.
  - **Nonverbal Cues:** Increased use of nonverbal signals, such as gestures or facial expressions, to indicate distress.

Tailored Intervention Plans

Treatment Plan

Name	[redacted]	**Date Established:**	02/23/2023;04/18/2023; 06/21/2023; 07/26/2023; 08/11/2023
NX ID & CARE ID	[redacted]	**DOB:**	[redacted]

Shared with:

☒ **Family** ☐**Spouse** ☐**Friends or other Support** ☒**LAR** ☐**Case Manager** ☐**Service Coordinator** ☐**Other:**

** *Instructions: Identify only the areas that are applicable to the client. Those that are not identified can be addressed as "n/a". Think of the goals and objectives within the scope of duties and job limitations for a Crisis Intervention Specialist*

Medical Diabetes High Blood pressure Polypharmacy	Goal 1. [redacted] will gain medical stability to remain in the community. 2. Reduce ER hospitalizations.	Objectives 1. Within the next 3 months [redacted] will attend his dr. appointments as scheduled 2. [redacted] will take his medications as prescribed.	Observations **2/23/2023**: Psych consult on 01/30/2023 [redacted] medication list consisted of over 30 medications. Psych consult on 02/03/2023Discussed discontinuing of Invega injection. Dr. Recommended appointment with PCP. [redacted] antipsychotics were discontinued on 02/03/2023 (initial dr. visit) due to concerns of polypharmacy, psychomotor retardation, and metabolic syndrome. [redacted] medications were adjusted during last PCP appointment February 2023. Medications were condensed to a total of 14 medications.	Projected date to be achieved/completed November 2023

- NADD Surveyor reviewed format
- Suggestions were made to enhance treatment planning & documentation
- Person centered
- Treatment plans now include an "intervention" section to address CIS specific techniques, rather then documenting under observations

Tailored Intervention Plans

Mental Health Mild Intellectual Disabilities (F70) Schizophrenia (F20.9) Generalized Anxiety Disorder (F41.1)	Goal **02/2023** 1. [redacted] will learn to identify his triggers. 2. "Go to Dayhab." **Updated: 04/18/2023** 1.Maintain stability and reduce crisis. 2." Go to Dayhab" 3. "Have a caregiver".	Objectives 1. Within the next 3 months, [redacted] will report his symptoms (suicidal ideations) during monitoring sessions using CSSRS assessments. 2. Within the next 3 months, [redacted] will learn 3 new effective coping skills 3. Within the next month, [redacted] will establish HCS services with assistance from his guardian.	Observations **02/23/2023:** [redacted] denied any Suicidal ideations during last CSSRS in the past month. [redacted] Guardian has completed application for EHN Dayhab. **04/18/2023:** As of April 2023, [redacted] has been attending La Victoria Daycare. [redacted] is receiving respite services every other week to assist. During this time, [redacted] walks in the park then is taken to go eat breakfast. [redacted] has identified "walking" and writing as coping strategies. [redacted] has been using this coping skill daily as he likes to walk around the daycare. [redacted] denied any Suicidal ideations during last CSSRS in the past 3 months. Last CSSRS:	Projected date to be achieved/completed. November 2023

Follow-up Protocols

- **Continuity of Care ensures ongoing support and reduces the likelihood of relapse or repeated crises.**
  - 24 hr. post crisis follow-up
  - 72 hr. post inpatient hospitalization follow-up
  - Weekly monitoring can lead to *as needed* follow-up visits
- **Monitoring Progress: Helps track the client's improvement and adjust interventions as needed.**
  - Weekly Clinical Team meeting discussions
  - Quarterly Treatment Plan revisions
- **Building Trust: Demonstrates commitment to the client's well-being, fostering a stronger therapeutic relationship.**
  - Confirmation of appointments, consistency on visits, building rapport and engagement
- **Prevention: Identifies and addresses emerging issues before they escalate into a crisis.**
  - Safety Plan and Universal Precautions

Preventing Measures and Caseload Management

- **Improving Prevention Measures**
  - **Proactive approaches to prevent crises**
    - Develop personalized care plans that address the specific needs and triggers of each individual.
    - Train caregivers and support staff to recognize early signs of distress or potential crises.
    - Consistent Routines: Establish and maintain predictable daily routines to provide stability.
    - Skill Building: Offer training in coping skills and self-regulation techniques.
  - **Implementing preventive measures within caseload management**
    - Holistic Approach: Integrate physical health, mental health, and social support services into care plans.
    - Community Resources: Connect clients with community programs and resources for additional support.
    - Safety Plans: Develop and regularly update individualized crisis prevention and intervention plans for each client.
-

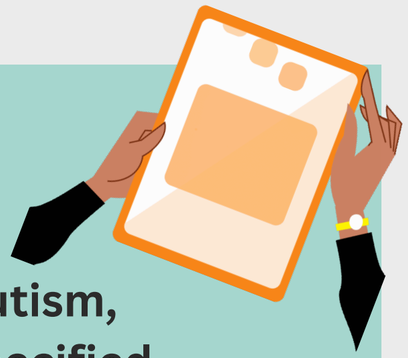
Preventing Measures and Caseload Management

- **Precision in Caseload Management**
  - **Techniques for effective caseload management**
    - Prioritize Tasks: Rank tasks based on urgency and importance to manage time efficiently.
    - Use Technology: Utilize case management software to track client progress and deadlines.
    - Regular Reviews: Schedule frequent reviews of caseload to ensure all clients are receiving appropriate attention. (e.g. Chart reviews, 1:1's)
  - **Balancing workload and ensuring quality care**
    - Collaborate: Work closely with other professionals (e.g., doctors, therapists, social workers) to provide comprehensive care.
    - Network: Build a network of resources and contacts for referrals and support.
    - Communication: Maintain open and regular communication with all team members involved in a client's care.

Preventing Measures and Caseload Management

- **Developing Comprehensive Care Plans**
  - **Creating and maintaining detailed care plans for each client.**
    - Document Everything: Keep detailed records of all interventions, progress, and any changes in the client's condition or needs.
  - **Ensuring plans are adaptable and comprehensive.**
    - Flexibility: Be prepared to adjust care plans as the client's needs change over time.
    - Holistic Approach: Include all aspects of the client's life in the care plan, such as physical health, mental health, social connections, and daily living skills.

Case Studies and Success Stories



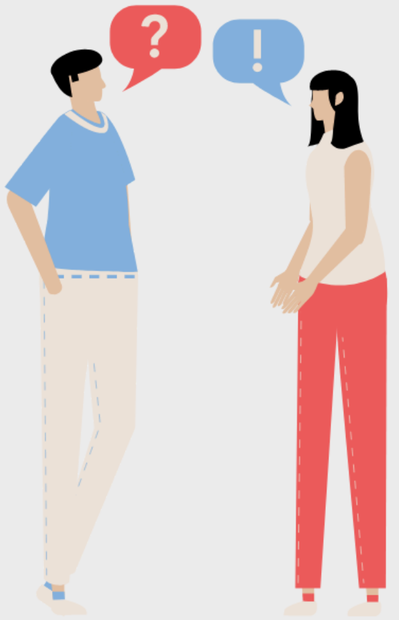
- 47 year old male Mild IDD, Major depressive disorder, Autism, Traumatic Brain Injury, PTSD
  - Substance use for many years
  - Began receiving waiver services after medical hospitalization followed by inpatient psychiatric treatment
  - Loss of parent
  - Supported him in accessing crisis and/or hotline assistance

- 44 year old male Mild IDD, Schizophrenia- paranoid, and Generalized Anxiety
  - medical concerns: diabetes, hypertension, obesity,
  - Living with his elderly mother
  - referred to LIDDA for DID and diversion slot
  - Currently living in a group home
  - medical concerns are being addressed

- 32 year old male, Severe IDD, Autism, Generalized anxiety, Other unspecified mood disorder
  - Living with mother, struggling to complete ADL's
  - Stressful environment
  - Implemented visuals
  - Supported both parents in establishing a better plan for coparenting
  - Successful visitations led to decreased crisis calls

- 23 year old male, Severe IDD, Autism
  - Loss of parent
  - Change in living situation
  - Changes in his daily routines and expectations
  - Successful transition to new environment

Thank you very much!



Emergence Health Network
Crisis Intervention Services
915-479-6615
1601 Yandell Dr. El Paso, TX, 79903