

Health Disparities Conference

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Crisis/Hospital Workgroup Report

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Crisis Planning (Prevention)

The group chose to look at this topic as crisis prevention and community support planning. The following were identified as integral in prevention of crisis situations.

- 1) Provide comprehensive medical and dental evaluations at regular intervals.
 - 2) Develop a good social history on the person and use person-centered planning techniques.
 - 3) Create non-punitive behavioral support plans.
 - 4) Match the person to the environment most optimal for the person.
 - 5) Workforce development is important (staff philosophy, training and skill-building)
 - 6) Address power/control issues with staff (who's crisis is it?)
 - 7) Integration of systems (crisis and long-term support)
 - 8) Create support teams using direct care providers and extending to others in the community such as neighbors, law enforcement, county staff, family, and others
 - 9) Early identification of people "at risk" and providing additional resources, support up front.
 - 10) Environmental modifications that address safety and sensory issues.
 - 11) Create shared values and mission from management on down.
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Crisis Response

Diversion, maximizing community resources is the key to good crisis response for this population. Hospitalization may be necessary, but should be viewed as the last resort.

- 1) Good medical and dental evaluation and plan to address identified issues.
- 2) Good collaboration with the county crisis teams (HFS34).
- 3) Providers should be made to feel confident and secure to report behavioral issues and get support
- 4) Some crises are predictable and should be planned for (ie, dying friends and family members, changes in placement, etc)
- 5) Training of provider network on crisis funding and support for additional resources during times of crisis.
- 6) Create wrap services to bring to person in crisis and use “crisis homes” if person does need to be removed temporarily—send staff with the person to these homes.
- 7) Trauma-informed care—need for staff debriefing and support following crisis situations, recognition of PTSD in consumers and staff.
- 8) Good communication and exchange of information between providers at times of crisis.

Coordination of Care (Hospitals, ER's, other Health-care Providers)

Communication, information sharing and cross-training of providers is essential to good coordination of care.

- 1) Medical, dental, mental health communities need training on dealing with DD (and other) populations.
- 2) Share information with medical, dental and mental health providers using a standardized tool such as a "health log."
- 3) Get pre-signed consents when possible. Remember that HIPPA allows information sharing in crisis situations on a "need to know" basis.
- 4) Request information back from other health-care providers upon return—don't assume they will send it and if they don't, follow-up
- 5) Create standardized transfer form—so that agencies, counties are sharing the same types of information
- 6) Where there are resources or expertise lacking, use telehealth to connect to these resources.
- 7) The team should follow the person (even when person is temporarily away from primary placement).
- 8) Promote consistency in coordination with out-of-county placements and contracts.
- 9) Attempt to get all services within the same healthcare system or HMO—it's much harder when there is a need for info sharing between different systems.
- 10) Establish good communication and working relationships with medical, dental, mental health staff during times when there isn't a crisis.
- 11) Recognize that in spite of good communication and coordination there will be some "non-responders" as some issues related to DD are difficult to treat.
- 12) Improve the process for medical clearance when needed—meet with police, ER staff and treatment providers to develop protocols that meet standards and make the process more efficient.
- 13) Educate ER staff that medical and dental problems may be underlying behavioral problems and people need to be assessed accordingly.

Police/Legal

Much of what was discussed in Coordination of Care applies to this topic. In addition, the following recommendations were made:

- 1) Training for Law Enforcement (ie, CIT), EMT's and Judges.
- 2) Inclusion of Law Enforcement in Behavioral and Crisis Response Plans (make them part of the team).
- 3) Provide crisis protocol reference cards that can be carried by officers and EMT's in the field for quick reference.
- 4) Improve communication between Court system and other systems—the systems don't speak the same language (ie, competency).
- 5) Educate Judges that while jail may not be appropriate for a DD person, legal consequences may be necessary at times to support the plan for the person.
- 6) Work with legal system on differentiating between a DD person with sexuality issues and sexual predators.

Conclusion

A paradigm shift is needed to effect change in the way the DD Population is handled in crisis situations. In order for this to occur, there is a need for individuals with much commitment and enthusiasm for providing quality support services to persons with DD to educate and assist others in making the necessary systems changes.