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mindmap a clear path to mental health

The Role of Coordination

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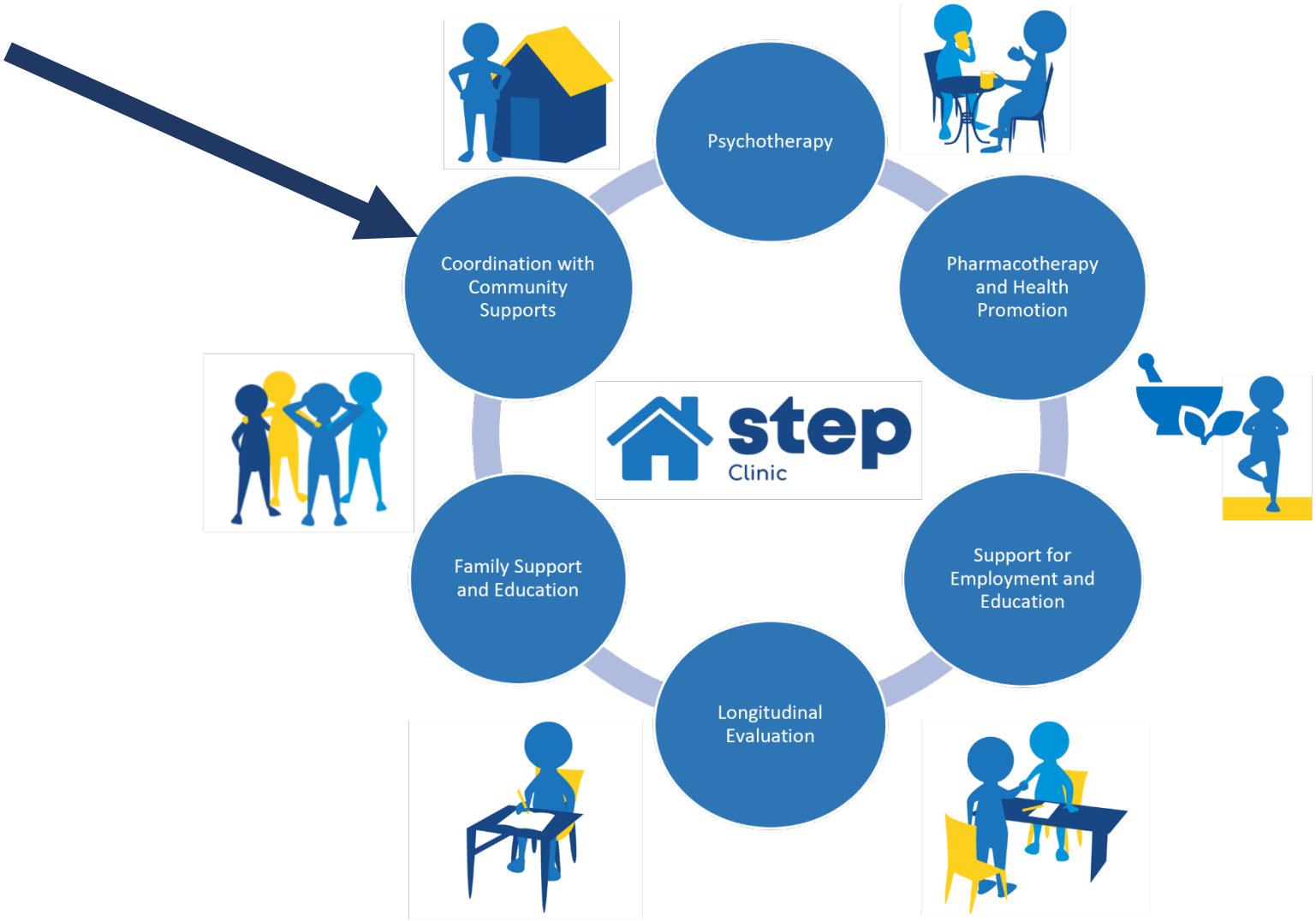
Yale SCHOOL OF MEDICINE

dmhas

step Clinic

DCF CONNECTICUT

STEP Elements of Care



Coordination Overview

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Within Team

- Primary clinician and prescriber
- Other non-clinical team members, voc/edu support

With Family and Patient

- Questions, concerns
- collateral, early warning signs
- Med side effects

Community Supports

- schools, employers
- PCPs, visiting nurses
- Crisis services, ER, inpatient
- Jail Diversion

Case Management

- Transportation
- Benefits, insurance, disability
- Housing
- Food insecurity
- Access to technology

What is Coordination?

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"the process of organizing people or groups so that they work together properly and well"
- ***Merriam-Webster Dictionary***

Communicating with and involving, in a fluid and as-needed way, individuals and organizations who interact with, influence, and play a role in a client's life in caring for a client.

Why is Coordination So Important?

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- Recognizes client as a **whole person** (basic needs, medical needs, social needs, educational needs), conveys our concern about them in every aspect of life, and ultimately helps **build alliance and relationship**

- Supports ***clients'*** identified recovery goals:
  - demonstrates our alignment with them around these goals
  - Often the entry point for engaging with them (they may not endorse problems related to psychosis, but may be willing to accept support around getting housing, for example)

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Within-Team Coordination

Communication Within Team

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- **Huddle:** more detailed, real-time, back-and-forth, input from multiple team members
- **Office drop-ins:** open door policy (if the door is open, come consult/ask/brainstorm/update), curbsiding
- **Phone calls:** more urgent, when working remotely
- **Text:** general/non-specific questions (e.g. “hey, did you submit that lab requisition we talked about last week?”)
  - NO PHI!!!
- **Email:** less urgent, when one or both parties are out of the office (e.g. refills, scheduling, follow-up question, consulting)
  - REFRAIN FROM USING PHI, AND CONFIRM THE EMAIL IS GOING TO THE CORRECT RECIPIENT!!!

“Huddle”

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- Daily morning meeting, which serves to promote efficient team communication, clinical care coordination, and team cohesion.

- **Purpose:** Huddle is a structured opportunity for team members to communicate and collectively strategize about managing daily client needs and workflow, including collective consultation and strategizing about treatment for clients with special or complex needs for that day, and following up on remaining items or issues from the previous day.

- **Agenda:**
  - Hospitalizations/acute symptoms
  - Coordination needs (need to be seen by a psychiatrist, need coverage, need help with transportation, other providers, refills, family clinician coordination)
  - Consultation within the team on clients with complex needs
  - Discussion of new clients
  - Administrative, announcements (e.g., periodic tracking of transfer of care; family services)
  - MIA; Wellness Checks/possible mobiles
  - Check in – what went well?
  - Team and individual wellness pulse /sense of self-efficacy; How are we doing?

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Coordination With Families

Communication with Families

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- Always ensure that you have permission and a signed release from the patient if 18 years or older!

- Introductory phone call: Provide your name, contact information, clinic cell phone number, after hours emergency numbers, program overview, space for family member to raise any questions/concerns, solicit feedback

- Frequency of contact, content discussed, and level of involvement and detail determined by patient preferences primarily, though also consider clinical need and legal status (e.g. minor or conserved)

- Primary goals are to:
  - Obtain collateral crucial to ongoing assessment
  - Provide updates (medication changes, progress, risk)
  - Offer support and psychoeducation

Communication with Families

- Even brief periodic contact with family goes a long way towards helping them feel heard and supported (which in turn helps contribute to client's recovery)

- **Transparency with client:**
  - Consider giving client notice that you'll be reaching out to family and the rationale, then follow up with client after conversation with family
  - Especially important if treating young adult over 18 not living with family or if a bit emotionally distanced from family/tension in relationship)

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Coordination with Providers

Coordination with Other Providers

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- Other mental health providers (e.g. outside prescriber, Crisis Services/ER/IP/IOP)
  - Ensuring alignment of assessment, concerns, diagnosis, risk, medications, discharge planning
  - Most MH-MH provider coordination in this population will be with ER/IP/Crisis team due to frequency of acute flare-ups and hospitalizations
  - DO:
    - Share recent concerns contributing to hospitalization/acute concerns
    - Things that have helped/not worked in the past (e.g. certain coping skills, medications)
    - Input on discharge planning (concerns, supports)

Coordination with Other Providers

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- **Primary care**
  - Especially important for any medication-related issues and to refer client back to when medical concerns arise
  - PCP may not be aware of psychosis diagnosis if client hasn't disclosed
  - Often helpful with weight management if AP-induced weight gain
    - (Note: consider nutritionist referral)
- **OBGYN**
  - Especially important to discuss birth control options, r/bs of TTC/pregnancy while taking AP
- **Specialty care**

Coordination with Other Providers

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- **Visiting Nursing Services (VNS)**
  - Very helpful for:
    - monitoring consistency with medications
    - any medication questions/concerns that the client may not be sharing
    - general monitoring and assessment of mental status between sessions
    - collateral on any issues in the home
    - vitals
    - injections if MH providers unable to administer in office

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Coordination With Community Supports

Case Management Areas

- **Jail diversion/probation officers/courts/lawyers**
  - Important to advocate on behalf of our clients in these arenas (e.g. how symptoms might have contributed to legal involvement)
  - Be careful to stay aligned with client and reassure them that that is the reason for your involvement (e.g. to support them in their legal challenges, not act as an extension of/enforcer for courts)
- **Transportation**
  - Med cab, bus passes, looking at bus lines
- **Benefits, insurance, disability**
  - Offering guidance on enrolling/re-enrolling in insurance esp. husky, applying for disability, SAGA cash

Case Management Areas

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❖ Housing

- Referrals to housing supports
- Crisis & respite
- Letters of support for emotional support animals

❖ Food insecurity

- Helping to locate local pantries, soup kitchens
- Enrolling in SNAP

❖ Access to technology

- Getting a phone – necessary for helping client navigate the community including maintaining contact with providers

❖ Documents

- Copies of birth certificate, SS card, ID etc often needed for various applications and independent living goals

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Coordination with Schools

How Psychosis Can Affect Students

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- Hallucinations may distract the student during class or make it difficult to hear/concentrate on what is being taught
- Paranoia may make students feel uncomfortable sitting in particular locations (e.g. near the window, at the front of the room) or speaking up in class
- Cognitive symptoms and thought disorder can negatively impact students' ability to process, encode, recall, attend to, and organize information/tasks, and/or complete assignments in typically allotted time
- Negative symptoms can reduce motivation/energy for and interest in school, class participation, interaction with other students
- Others?

Goals of Coordinating with Schools

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- Ensuring student/client has supports needed in order to maintain or improve their academic and social functioning and minimize impact of symptoms on these functional domains
  - This will often require advocacy and psychoeducation both from clinician and parent(s)/guardian(s)
  - Needs often best met via formal supports (i.e. 504 plan or Individualized Educational Plan AKA IEP) (Note: these accommodation may not be provided in private schools)

Goals of Coordinating with Schools

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- **Providing/obtaining collateral**
  - Concerns that student/parent is having about school that may be difficult to communicate
  - Clinical concerns that school should be aware of (e.g. worsening of symptoms that may require additional supports, risk concerns, stressors at home, hospitalization)
  - Safety plan, coping skills that may be used at school (e.g. drawing, fidget toy)
  - Changes to meds that might affect behavior/performance at school (e.g. switch to a new medication that is expected to make the student sleepier)
  - Concerns the school is having that clinician may be unaware of (e.g. failing classes, symptomatic in class, risk issues)
  - Positive feedback – letting the school know when an intervention seems to be helpful to a student
  - Participating in school meetings (e.g. 504 Plan or PPT meetings)

Goals of Coordinating with Schools

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❖ Providing psychoeducation

- Diagnosis/symptoms and how this may be impacting the student at school
- Medications and how these may be impacting the student at school
- School-related triggers/stressors and their impact on student
- Treatment goals and interventions
- Appropriate expectations for student (not above where their functioning is at a given time, but not below it either!)
-
- Debunking myths about psychosis (e.g. that the student is dangerous)

504 Plan vs. IEP

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504 Plan

- **Who**: Students with any physical or mental impairment that requires some sort of additional support beyond that provided to students without any impairments
- **What:** Seating preferences, additional time on assignments/exams, reduced workload, note-taking device, passes to see school SW/psychologist/nurse, use of AV devices, adjusted schedule, excused absences, etc.
- **Where:** Student usually remains in regular education classroom with supports/accommodations/aides as needed
- **How:** Can be requested by parent, school personnel, clinician, etc. 504 Team meeting involving key players, implementation of plan monitored by teachers with annual review by 504 team

504 Plan vs. IEP continued

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Individualized Educational Plan

- **Who:** Students who have difficulty learning and functioning because of a disability
- **What:** Highly specific educational plan tailored to the individual student and their needs
- **Where:** May be in a regular education classroom/environment (strives for least restrictive environment possible), a special classroom in a regular education setting, or elsewhere (e.g. homebound tutoring)
- **How:** Can be requested by parent, school personnel, clinician, etc. student then assessed, if deemed eligible, IEP developed by PPT (Planning and Placement Team), implementation monitored by PPT with annual review of IEP

Common Educational Interventions for Psychosis

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- School-based counseling
- Medication accommodations – nurse administration, side effect management
- Alternative environments in school to decrease psychosis sx
- Alternative content and assignments
- Preferential Seating
- Extra time
- Flexible deadlines on assignments
- Note-taking assistance
- Alternatives to public speaking – pre-recording, one-on-one
- One-on-one educational aide
- Extra assistance in organization
- Help enrolling in post-secondary school

NASMHPD - Tip Sheet Engaging with Schools to Support Your Child With Psychosis

Resources

- **Schools:**
  - STEP's Tips for Working with Schools
  - NASMHPD - Guidance Document Supporting Students Experiencing Early Psychosis in MS and HS
  - NASMHPD - Tip Sheet Engaging with Schools to Support Your Child With Psychosis
- **Families:**
  - Tip Sheet Clinicians Families
  - CT Special Education Parent Guide
  - Guide to IEP - Connecticut Children's
  - Guide to 504 Plans - Connecticut Children's

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Questions or Comments?

Providers direct questions to our Consultation Service

203-200-0140

Search Mindmap CT

www.CTEarlypsychosisnetwork.org

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