step Learning Collaborative

The Role of Coordination

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Project ECHO

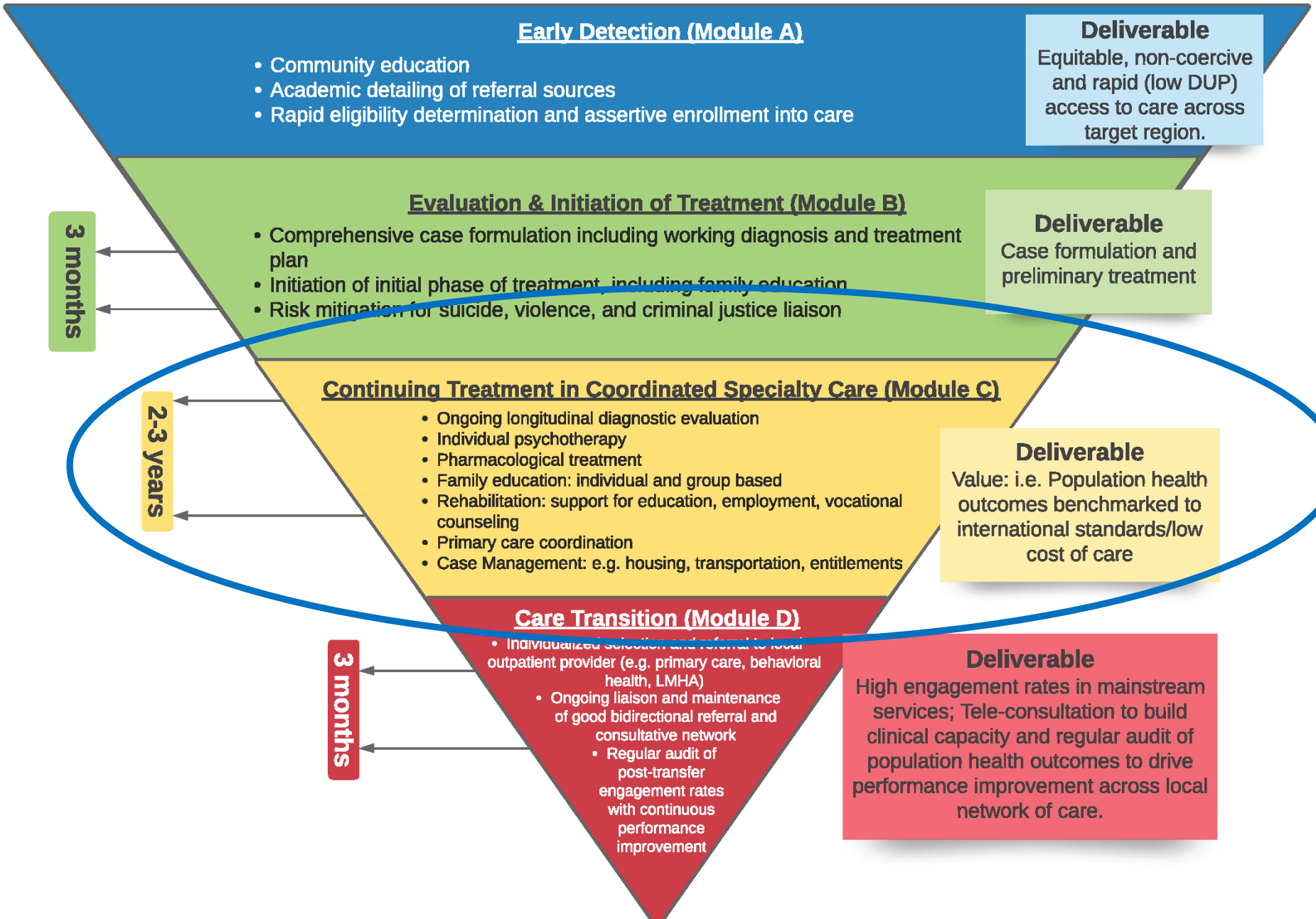
DCF CONNECTICUT

Outline

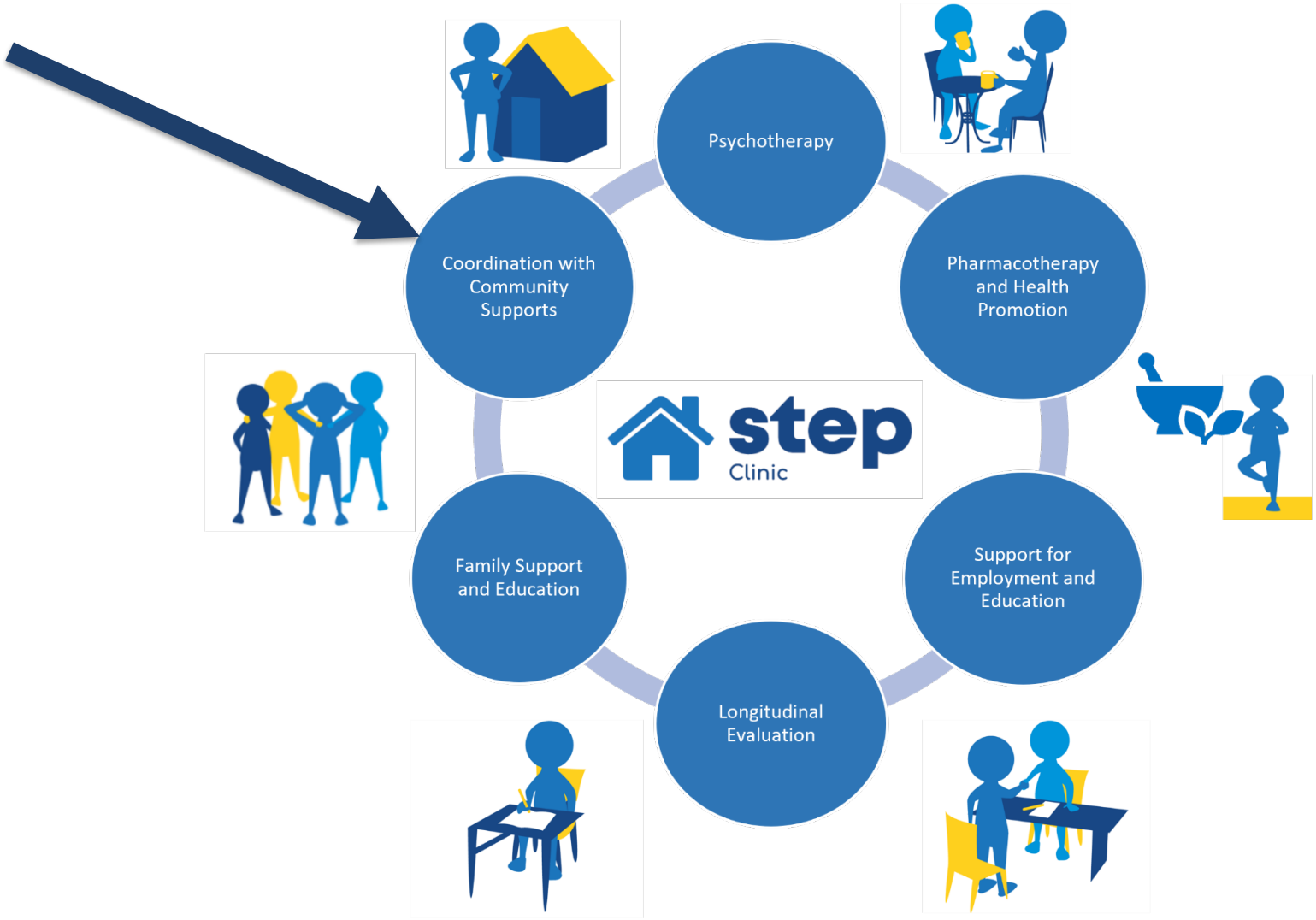
- Communication within the team
  - Huddle
  - SBAR
  - Informal communication
- Communication with families
- Engaging with schools
  - How psychosis can affect students
  - Goals of coordinating with schools
  - 504 plan vs. IEP

Early Intervention Service Care Pathway

www.step.yale.edu



STEP Elements of Care



Coordination Overview

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

Communication Within the Team

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- **Huddle:** more detailed, real-time, back-and-forth, input from multiple team members
- Sharing calendars
- **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!!!
- **Remember to be considerate!**
  - Try to check someone's schedule to see whether they are available before you send a flurry of texts while they are in the middle of an important meeting!

‘Huddle’

- 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?

SBAR

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Handover with SBAR

SITUATION

Identify current concern/risks

BACKGROUND

State concisely and in client-centered terms why the client is receiving care and the client's treatment goals

ASSESSMENT

Provide information about what did and did not happen during your shift

RECOMMENDATION

Inform receiving staff about what tasks need to be continued/followed up

SITUATION	"What is happening right now!" S	• Client name • Age • Allergies • Diagnosis -psychiatric & medical • Legal Status and forms (expiry dates) • CPR status • Immediate concern - Prn's given
BACKGROUND	"What has happened" B	• Reason for hospitalization • Risks* (self-harm, suicidal, violence, falls, AWOL, infection, fire setting, substance use) • Needs – IPOCs initiated, safety and comfort plan • Medical issues • Family/SDM situation
ASSESSMENT	"What I found/what I believe the problem is" A	• Current assessment – pain level, VS, labs • Behaviour – MSE/ FMI • Risks* – current DASA, SRA, Falls • Strengths/Interventions used and outcomes • Utilization of passes • Progression towards goals/ IPOCs
RECOMMENDATION	"What I would like done/ suggest" R	• Orders to clarify/receive/ follow-up • Status today – any new/urgent risk • Client advocacy needs • Approach with family/SDM • Continuation of Care - Treatment due, reconcile medication, outstanding tasks

SBAR Example (Abela-Dimech & Vuksic, 2018)

SBAR Example

- **Situation:** *"what's happening right now?"* John Smith, is our 24 y/o white male client, we've received recent reports of persistent AH and new SI, increased distress associated with these experiences, I'm concerned about his risk to self. He's scheduled to come in today at 2pm.

- **Background:** *"what has happened"* First presented 1.5 years ago after onset of psychosis, had multiple inpatient hospitalizations, has a history of multiple SA, all in the context of not taking medication and cannabis use; has been intermittently engaged in treatment over past 6 months, intermittently taking medication, generally "stable" when seen, able to work

- **Assessment:** *"what I found, what I believe the problem is"* He is at increased risk for suicide reporting active SI, denies intent specific method, plan; hx of past attempts; active AH that is not responding to current medication, related distress and reported demoralization/"exhaustion"; is currently help-seeking, abstaining from substance use, connected to treaters, although minimal outside social support influenced by paranoid thoughts.

- **Recommendation/Response:** *"what I would like done/suggest"* Believe he is in need of some immediate relief from AH to mitigate risk; wanted to discuss with the team if we feel this can be achieved on an outpatient basis through a medication change, careful monitoring and safety planning or if we believe a higher level of care is warranted

- Discussion & Revisit response/action plan: plan to meet with him today, get updated assessment, offer medication change and plan, voluntary hospitalization, have team on standby in case PEC is needed

Communication with Families

- 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, open the floor 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
  - Provide psychoeducation

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

- 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 medications that might affect behavior/performance at school (e.g. switch to a new medication that is expected to make the student more sleepy)
  - 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 go see school social worker and/or nurse, use of audiovisual 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

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

Engaging with Schools Summary Tips

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- Disclosing a diagnosis, helps coordination

- Providing education to schools about psychosis
  - Try to identify the person who "gets it" to be an advocate for the young person (often the school social worker/psychologist)

- Sharing safety plans, early warning signs with key school staff, healthy coping skills to support student making us of when needed
  - Discussing options for responding if young person has sx at school
  - E.g., not immediately call 911/211 if young person endorses sx

- Reduce bullying, gather collateral to understand misinterpreting social situations vs bullying

- Setting collaborative goals

- Engaging Support and Accommodations – 504 plans, IEP, PPT meetings

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

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
  - https://portal.ct.gov/-/media/SDE/Special-Education/Parents_Guide_SE.pdf
  - https://www.connecticutchildrens.org/health-library/en/parents/iep/
  - https://www.connecticutchildrens.org/health-library/en/parents/504-plans/