

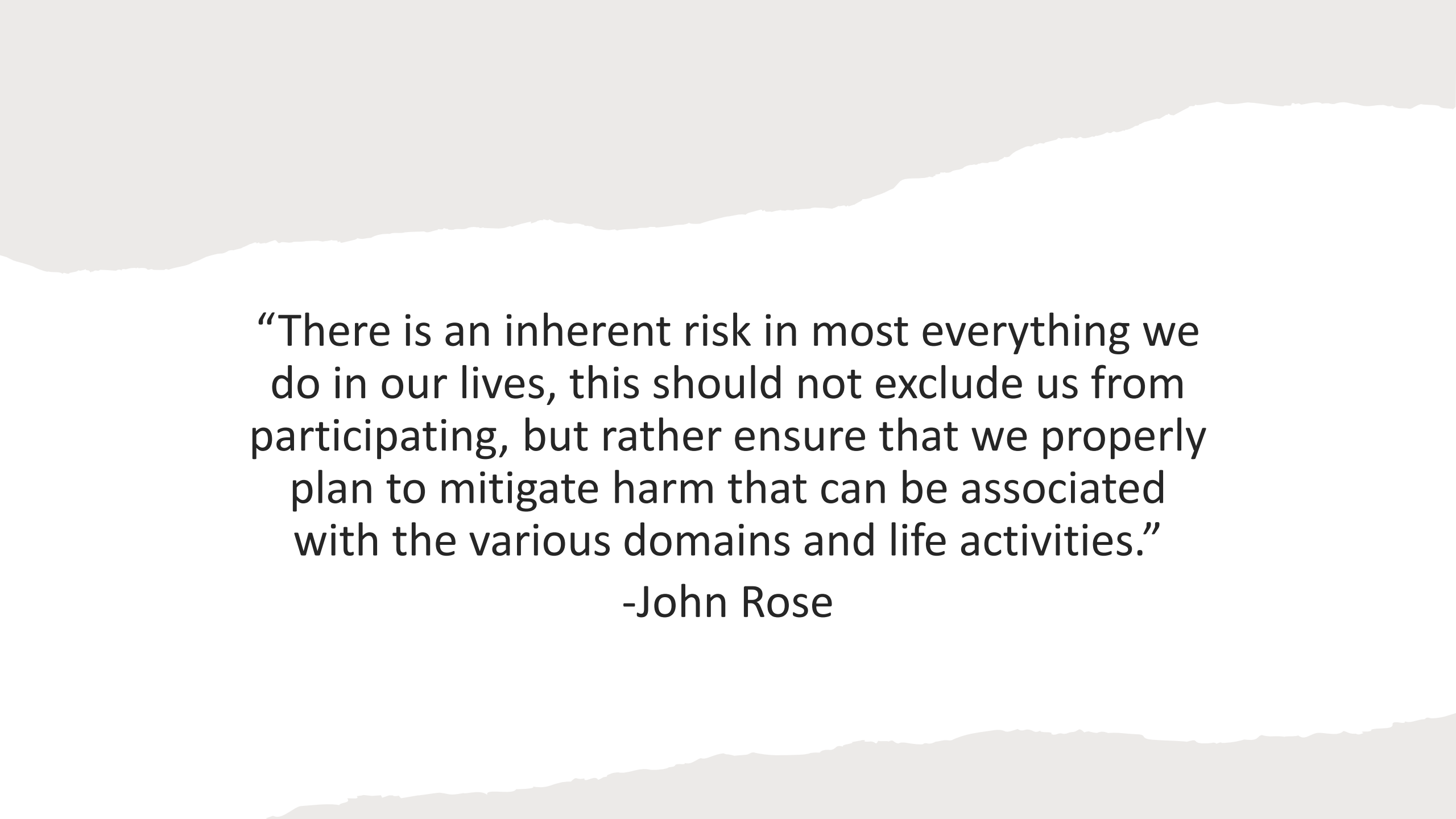
Navigating High Risk: Establishing Individualized Services within Supportive Housing

Lexa Flye, LMSW Director of Clinical Risk Management

Surgein Fonollosa, LMSW Clinical Coordinator

Alisha Petteway, Program Director PBH Residence





“There is an inherent risk in most everything we do in our lives, this should not exclude us from participating, but rather ensure that we properly plan to mitigate harm that can be associated with the various domains and life activities.”

-John Rose

The Bridge Programs

Outpatient

- Mental Health Clinic, PROS & Ticket to Work
- Center for Wellness & Change
- Ryan Health

Community Based Services

- ACT
- Pathways & SOS
- CORE

Coordinated Care Management

- Health Home Care Coordination

Residential

- 1,400 units
- 24 single sites, 400 scatter-site apartments
- Shelter, Transitional, Permanent Supportive

Special Initiatives

- The Bridge Arts Institute
- Urban Farming
- **Critical Care Programs***

Clinical Risk Management (CRM) Team



Rebecca Heller, LCSW AVP Critical Care Services



Lexa Flye, LMSW Director of Clinical Risk Management



Surgein Fonollosa, LMSW Clinical Coordinator



Vacancy, Clinical Coordinator



Vacancy, Harm Reduction Specialist

Clinical Risk Management Services Provided

Time limited, direct support to tenants

Crisis intervention

Case consultation

Facilitate/support case conferences with internal and external programs

Complex discharge planning

High-risk related referrals

High-risk related trainings

Risk Categories

Suicide

- Historical information
- Current presentation
- Protective factors
- Recent changes:
 - Behavior and/or functioning
 - Significant life-change

Violence

- Historical information
- Current presentation
- Protective factors
- Recent changes:
 - Behavior and/or functioning
 - Significant life-change

Medical

- Historical information
- Current presentation
- Protective factors
- Gaps in care or tenants understanding of condition
- Ability to follow up with professional medical advice
- Lack of resources to address medical needs
- Overdose risk*

Implementation Timeline 2021

Spring/Summer 2021

- Develop core competencies
- Review incident reports & hospitalization data to find target programs
- Begin discussion of program goals
- Meet all agency staff

Fall 2021

- Learn needs of department
- Observe internal/external case conferences
- Special projects with other departments
- Implement high risk meetings in targeted programs

Winter 2021

- Review evidence informed assessments and screenings
- Develop guidelines for determining risk
- Develop documentation & tracking standards
- Begin some direct contact with tenants engaging in high risk behaviors

Implementation Timeline 2022

Spring/Summer 2022

- Continue discussions on what defines success
- Standardize CRM services provided
- Facilitate department trainings
- Implement Opioid Overdose Prevention Program
- Continue to implement high risk meetings at targeted programs
- Increase direct contact with tenants engaging in high-risk behaviors

Fall/Winter 2022

- Review 2021/2022 data to inform development of CRM team procedures
- Hire & train clinical coordinator
- Intensify risk management efforts with direct & indirect support to tenants engaging in high-risk behaviors
- Update AWARDS forms to better capture program data

Present & Future 2023

- Confirm metrics
- Confirm use of assessments/screenings
- Create CRM team procedure manuals
- Expand OOPP to include fentanyl test strip distribution
- Expand staff
- CRM team learning collaborative
- Increase intensity of high-risk meeting implementation across programs

Core Competencies & Trainings

- Risk Formulation & Risk Management
 - *A Pocket Guide to Risk Assessment & Management in Mental Health by Chris Hart*
 - Collaborative Assessment and Management of Suicidality (CAMS)
 - CPI Learning Community
 - CUCS
 - The Coalition for Behavioral Health
 - SMI Advisor
- Person Centered Documentation & Risk Management Documentation
- Trauma Informed Care
- Dignity of Risk & Duty of Care
- Harm Reduction
- High Risk Related Referrals & Systems
- Supportive Housing

High Risk Meetings



Goal

Understand risk management and develop appropriate interventions

Additional clinical supervision, support with complex cases



Who should join?

Residence Counselors

Case managers

Management

CRM team

Senior management



Duration

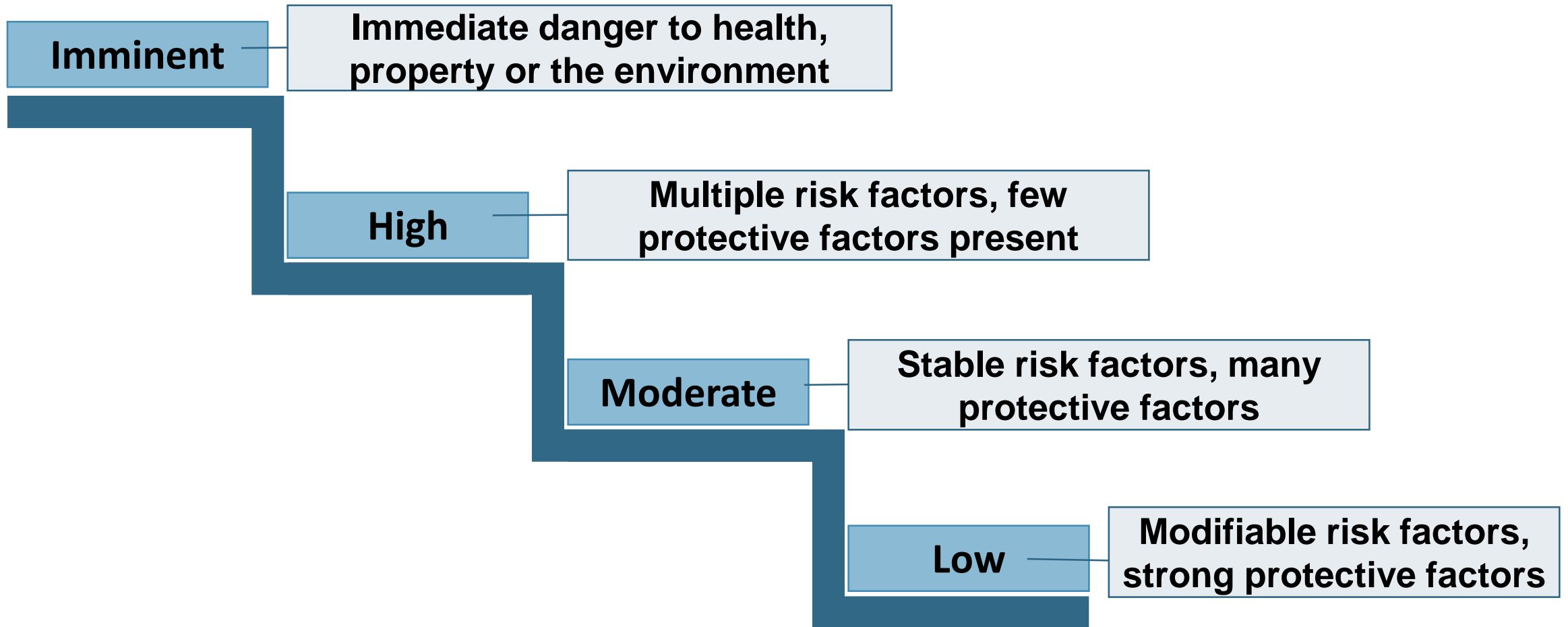
1.5 hours



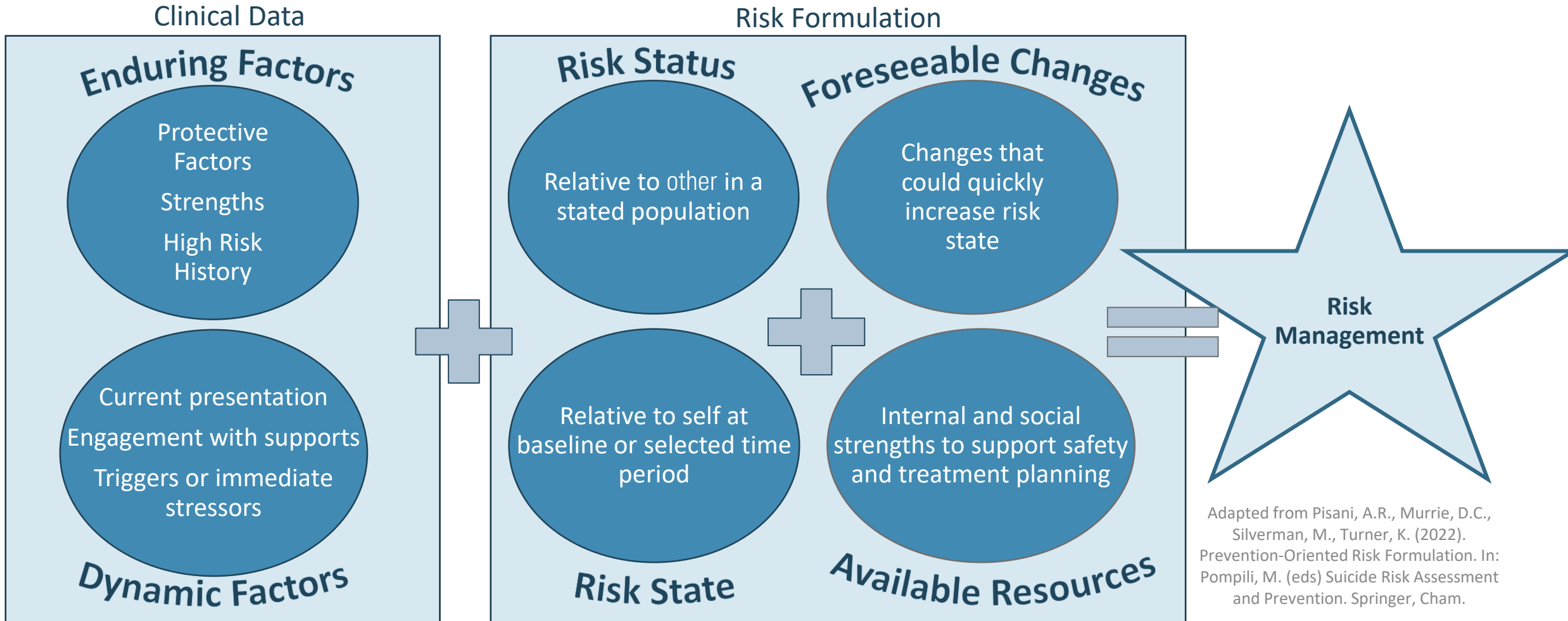
Frequency

Monthly

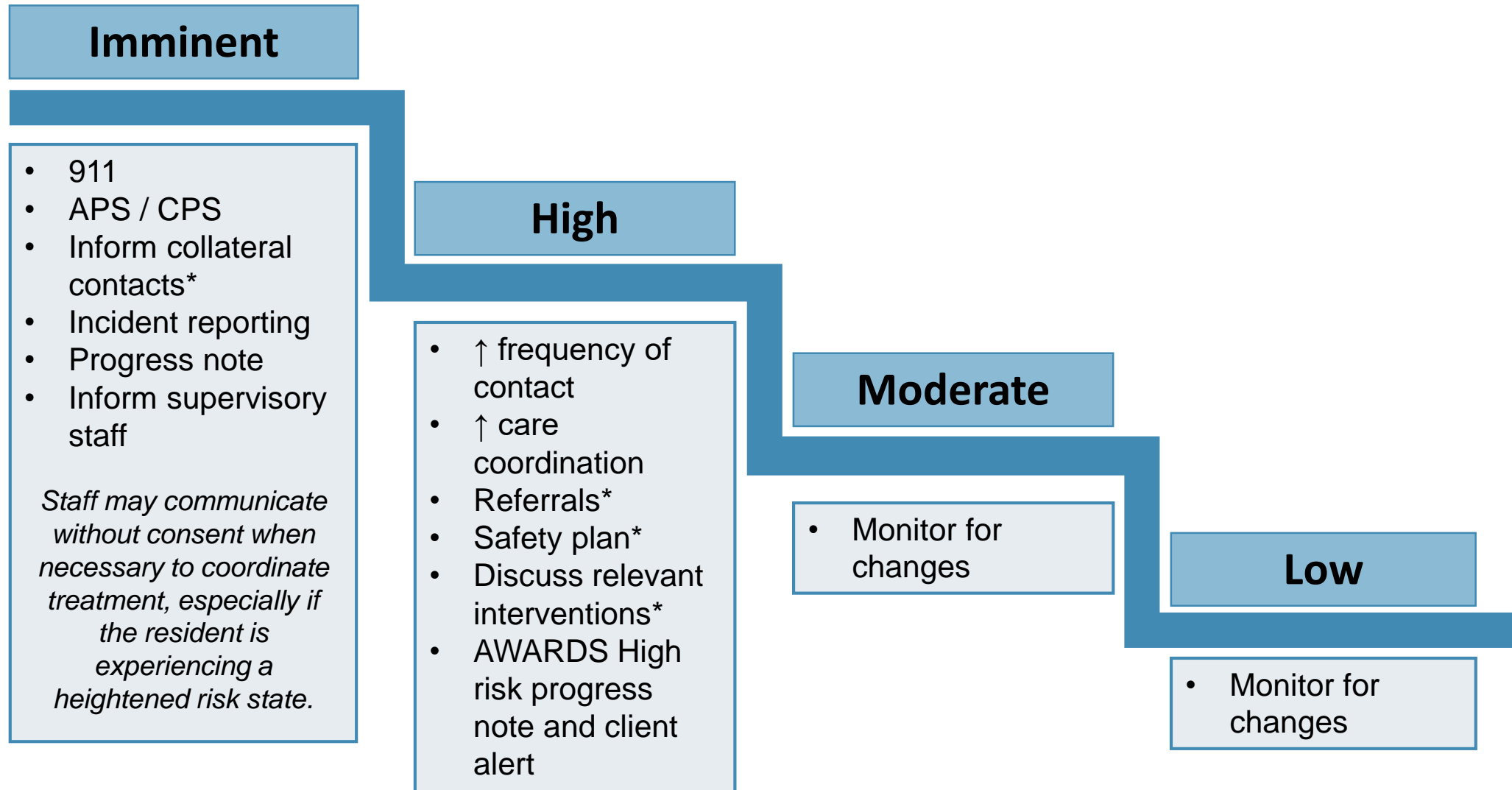
Risk Severity



What's important to talk about?



Risk Management Procedures



Case Studies

Case Study #1

Female, Age 40's

Housing: Moved from
Scattered Site to Supported
SRO

Diagnosis: Schizophrenia

Risk: Violence

Case Study #2

Male, Age 60's

Housing: Moved from
Scattered Site to CR/SRO

Diagnosis: Schizophrenia,
Intellectual Disability, CHF

Risk: Medical

Case Study #3

Male, Age 50's

Housing: CR/SRO

Diagnosis: Schizoaffective
Disorder, PTSD

Risk: Suicide & Medical

2022 CRM Team Data

- Supported 82 tenants (325 face to face visits) via:
 - Crisis intervention
 - Case conferences
 - Collaboration with external programs
 - Discharge planning with hospitals/nursing homes/rehabs
 - Staff support
 - Referrals
- Narcan Trainings
 - 77 tenants, 123 staff and visitors
 - All buildings supplied with accessible Narcan boxes
 - Dispensed approximately 500 Naloxone kits



Q&A



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