Navigating High Risk: Establishing Individualized Services within Supportive Housing

Lexa Flye, LMSW Director of Clinical Risk Management
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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
<table>
<thead>
<tr>
<th>The Bridge Programs</th>
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<tbody>
<tr>
<td><strong>Outpatient</strong></td>
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<tr>
<td>• Mental Health Clinic, PROS &amp; Ticket to Work</td>
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<td>• Center for Wellness &amp; Change</td>
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<td>• Ryan Health</td>
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<td><strong>Community Based Services</strong></td>
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<tr>
<td>• ACT</td>
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<td>• Pathways &amp; SOS</td>
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<td>• CORE</td>
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<tr>
<td><strong>Coordinated Care Management</strong></td>
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<td>• Health Home Care Coordination</td>
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<tr>
<td><strong>Residential</strong></td>
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<tr>
<td>• 1,400 units</td>
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<td>• 24 single sites, 400 scatter-site apartments</td>
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<td>• Shelter, Transitional, Permanent Supportive</td>
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<td><strong>Special Initiatives</strong></td>
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<tr>
<td>• The Bridge Arts Institute</td>
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<td>• Urban Farming</td>
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<td>• <strong>Critical Care Programs</strong></td>
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### Clinical Risk Management (CRM) Team

<table>
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<tr>
<th>Role</th>
<th>Name</th>
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<tbody>
<tr>
<td>Rebecca Heller, LCSW AVP Critical Care Services</td>
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<tr>
<td>Lexa Flye, LMSW Director of Clinical Risk Management</td>
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<tr>
<td>Surgein Fonollosa, LMSW Clinical Coordinator</td>
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<tr>
<td>Vacancy, Clinical Coordinator</td>
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<tr>
<td>Vacancy, Harm Reduction Specialist</td>
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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
- Recent changes:
  - 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

- **Imminent**: Immediate danger to health, property or the environment
- **High**: Multiple risk factors, few protective factors present
- **Moderate**: Stable risk factors, many protective factors
- **Low**: Modifiable risk factors, strong protective factors
What’s important to talk about?

Clinical Data

Enduring Factors
- Protective Factors
- Strengths
- High Risk History

Dynamic Factors
- Current presentation
- Engagement with supports
- Triggers or immediate stressors

Risk Formulation

Risk Status
- Relative to other in a stated population
- Relative to self at baseline or selected time period

Available Resources
- Internal and social strengths to support safety and treatment planning

Foreseeable Changes
- Changes that could quickly increase risk state

Staff may communicate without consent when necessary to coordinate treatment, especially if the resident is experiencing a heightened risk state.

- 911
- APS / CPS
- Inform collateral contacts*
- Incident reporting
- Progress note
- Inform supervisory staff

**Imminent**

**High**

- ↑ frequency of contact
- ↑ care coordination
- Referrals*
- Safety plan*
- Discuss relevant interventions*
- AWARDS High risk progress note and client alert

**Moderate**

- Monitor for changes

**Low**

- Monitor for changes
### Case Studies

<table>
<thead>
<tr>
<th>Case Study #1</th>
<th>Case Study #2</th>
<th>Case Study #3</th>
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<tbody>
<tr>
<td>Female, Age 40’s</td>
<td>Male, Age 60’s</td>
<td>Male, Age 50’s</td>
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<tr>
<td>Housing: Moved from Scattered Site to Supported SRO</td>
<td>Housing: Moved from Scattered Site to CR/SRO</td>
<td>Housing: CR/SRO</td>
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<tr>
<td>Diagnosis: Schizophrenia</td>
<td>Diagnosis: Schizophrenia, Intellectual Disability, CHF</td>
<td>Diagnosis: Schizoaffective Disorder, PTSD</td>
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<tr>
<td>Risk: Violence</td>
<td>Risk: Medical</td>
<td>Risk: Suicide &amp; Medical</td>
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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
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