Integral Care

Safety & Education: Interacting with First Responders

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Agenda & Objectives

1. Introductions
2. Why Individuals with Autism may Experience Crisis
3. Community Crisis Services or First Responders: Who to Call and When?
4. Crisis Preparedness: Tips and Resources

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Why Individuals with Autism may Experience Crisis

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Taking a BioPsychoSocial Approach:

- Entails looking at the whole person and the factors that may increase a person's risk for going into crisis – or that could be the reason a person is currently experiencing a crisis

- Helps the individual and/or their caregiver advocate for the most appropriate intervention during a crisis

Diagnostic Overshadowing:

- The tendency to focus on one diagnosis while ignoring other more relevant diagnoses or reasons behind a person's behavior or the current crisis

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Biological/Medical

Does the individual have a Co-Occurring Medical Diagnosis?

- Individuals with IDD experience medical and physical conditions more 3-4x's more frequently than those without IDD
    - GERD, Constipation, Serious Dental Problems, Seizure Disorder, Diabetes, Hypertension, Poor Diet/Malnourishment, Coronary Heart Disease

Could the individual's medications be a contributing factor? What are the common side effects?

- Drowsiness; Increased Agitation, Increased Appetite; Disorientation; Sleep Disturbances

Has the individual experienced a recent injury? Are they in pain?

- Behavior = Communication

The "Fatal Five":

- Constipation/Bowel Obstruction & GERD; Aspiration; Seizures; Dehydration; Sepsis

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Psychological/Psychiatric

Does the individual have a Co-Occurring Mental Health Diagnosis?

- Mood Disorder + Increased Agitation/Irritability = Potential Psychiatric Crisis

Does the individual take any Psychotropic Medications?

- Has there been a change in medications recently? Does the individual and/or caregiver believe the medications are working/helping?

Has there been a change in psychiatric symptoms?

- Was there a recent and significant change in sleep; appetite; agitation/irritation; depression symptoms; suicidal/homicidal ideation; self-injurious behaviors; aggression; auditory of visual hallucinations unrelated to drug/alcohol use?

Does the individual have a history of crisis? Have they ever been admitted to a psychiatric hospital in the past?

Does the individual have a history of Trauma?

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Social/Environmental

Limited Autonomy and Ability to Make Decisions for Themselves

Experiencing, or Perceiving, Conflict with Others (e.g. peers or caregivers)

Extreme Dependency on Others

Lack of Access to Community and Meaningful Activities

Difficulty in Expressing Wants/Needs/Desires

Sensory Over/Under Stimulation

Changes in Routine/Schedule

Loud Noise/Crowded Places

***All of these can be occurring AND the individual could still be experiencing a psychiatric or medical crisis that requires intervention*

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Community Crisis Services or First Responders: Who to Call and When?

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Who and When to Call in a Crisis

- 911 - If someone, due to his/her mental state is acting out *and* there IS an immediate threat of danger to that person or someone else.
- 911- Austin has four options- “Are you calling for Police, Fire, EMS or Mental Health Services”.
- Integral Care’s 24/7 Crisis Helpline (512-472-HELP)
  - National Suicide Prevention Lifeline
  - 9-8-8 Calls

911 can downgrade your call to 311 or Transfer to Mental Health Clinicians if needed.

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Integral Care's Crisis Services

Mobile Crisis Outreach Team (MCOT)

- Serves individuals who are experiencing a mental health crisis in Travis County, community-based
- Referrals received from 24/7 Helpline and first responder and criminal justice systems
- Crisis stabilization in least restrictive environment of care
- Prevent over-use and misuse of emergency departments, psychiatric hospitalizations, and unnecessary law enforcement involvement
- Removes barriers to seeking mental health crisis care

Psychiatric Emergency Services (PES)

- Serves individuals experiencing a psychiatric crisis in Travis County in a clinic-based setting
- Crisis stabilization in least restrictive environment of care
- Medical Provider Evaluations
- Integrated psychiatric and substance use needs
- Hours: Monday-Friday 8am-10pm; Saturdays and Sundays 10am-8pm

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IDD Crisis Intervention Specialists

Short-term, up to 90 days, crisis prevention services that includes:

- Linkage to ongoing services and supports
- Therapeutic skills training for individuals and caregivers
- Safety Planning
- Support MCOT in responding to individuals with IDD, including Autism

Individual does not need a LIDDA confirmed IDD diagnosis to engage in CIS services

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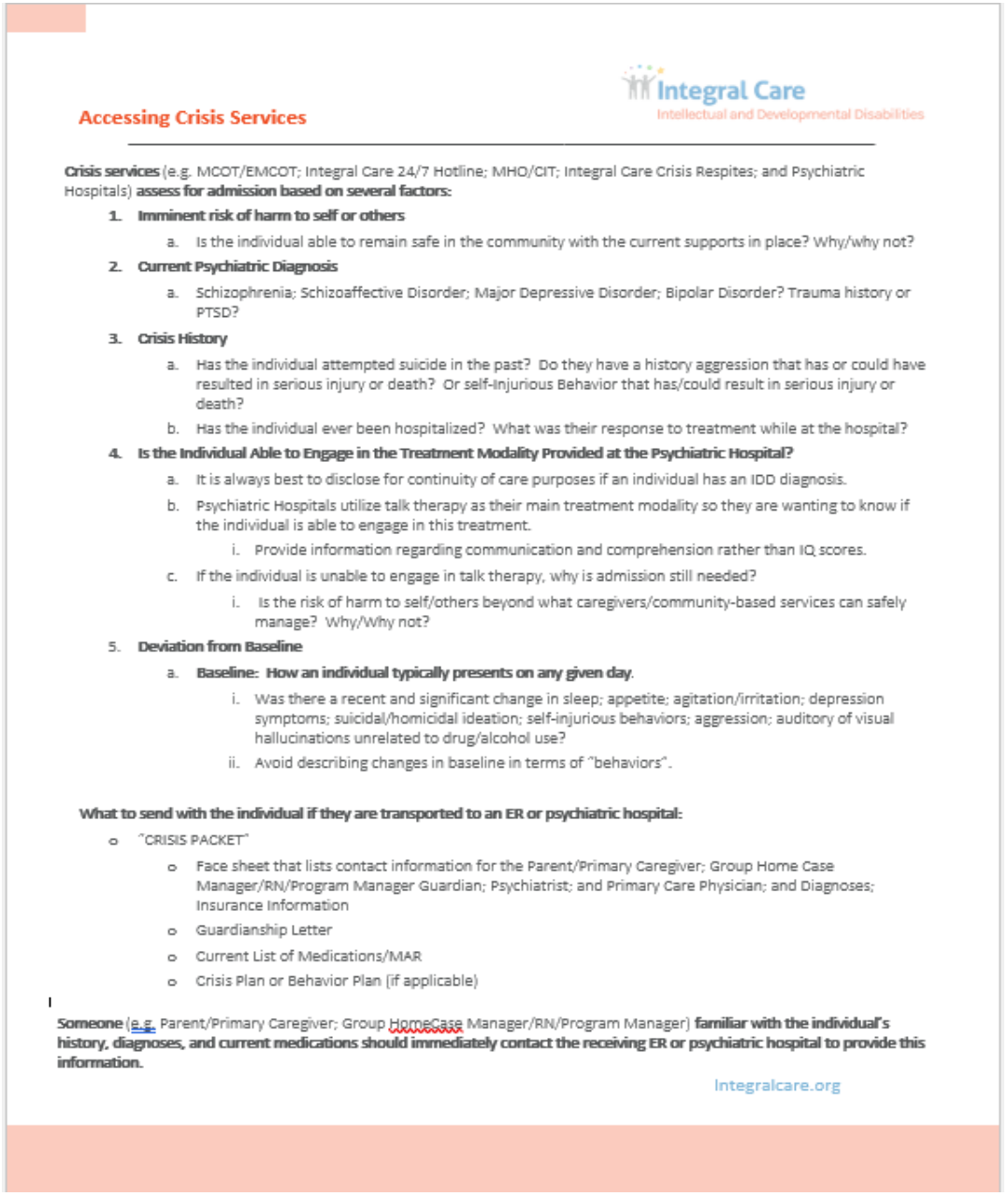

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Accessing Crisis Services

Crisis services (e.g. MCOT/EMCOT; Integral Care 24/7 Hotline; MHO/CIT; Integral Care Crisis Respites; and Psychiatric Hospitals) **assess for admission based on several factors:**

1. **Imminent risk of harm to self or others**
    a. Is the individual able to remain safe in the community with the current supports in place? Why/why not?
2. **Current Psychiatric Diagnosis**
    a. Schizophrenia; Schizoaffective Disorder; Major Depressive Disorder; Bipolar Disorder? Trauma history or PTSD?
3. **Crisis History**
    a. Has the individual attempted suicide in the past? Do they have a history aggression that has or could have resulted in serious injury or death? Or self-Injurious Behavior that has/could result in serious injury or death?
    b. Has the individual ever been hospitalized? What was their response to treatment while at the hospital?
4. **Is the Individual Able to Engage in the Treatment Modality Provided at the Psychiatric Hospital?**
    a. It is always best to disclose for continuity of care purposes if an individual has an IDD diagnosis.
    b. Psychiatric Hospitals utilize talk therapy as their main treatment modality so they are wanting to know if the individual is able to engage in this treatment.
        i. Provide information regarding communication and comprehension rather than IQ scores.
    c. If the individual is unable to engage in talk therapy, why is admission still needed?
        i. Is the risk of harm to self/others beyond what caregivers/community-based services can safely manage? Why/Why not?
5. **Deviation from Baseline**
    a. **Baseline: How an individual typically presents on any given day.**
        i. Was there a recent and significant change in sleep; appetite; agitation/irritation; depression symptoms; suicidal/homicidal ideation; self-injurious behaviors; aggression; auditory of visual hallucinations unrelated to drug/alcohol use?
        ii. Avoid describing changes in baseline in terms of "behaviors".

What to send with the individual if they are transported to an ER or psychiatric hospital:

- "CRISIS PACKET"
    - Face sheet that lists contact information for the Parent/Primary Caregiver; Group Home Case Manager/RN/Program Manager Guardian; Psychiatrist; and Primary Care Physician; and Diagnoses; Insurance Information
    - Guardianship Letter
    - Current List of Medications/MAR
    - Crisis Plan or Behavior Plan (if applicable)

Someone (e.g. Parent/Primary Caregiver; Group HomeCase Manager/RN/Program Manager) **familiar with the individual's history, diagnoses, and current medications should immediately contact the receiving ER or psychiatric hospital to provide this information.**

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Accessing Acute Psychiatric Crisis Services – A Guide for Sharing Information

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Preparedness Tips and Resources

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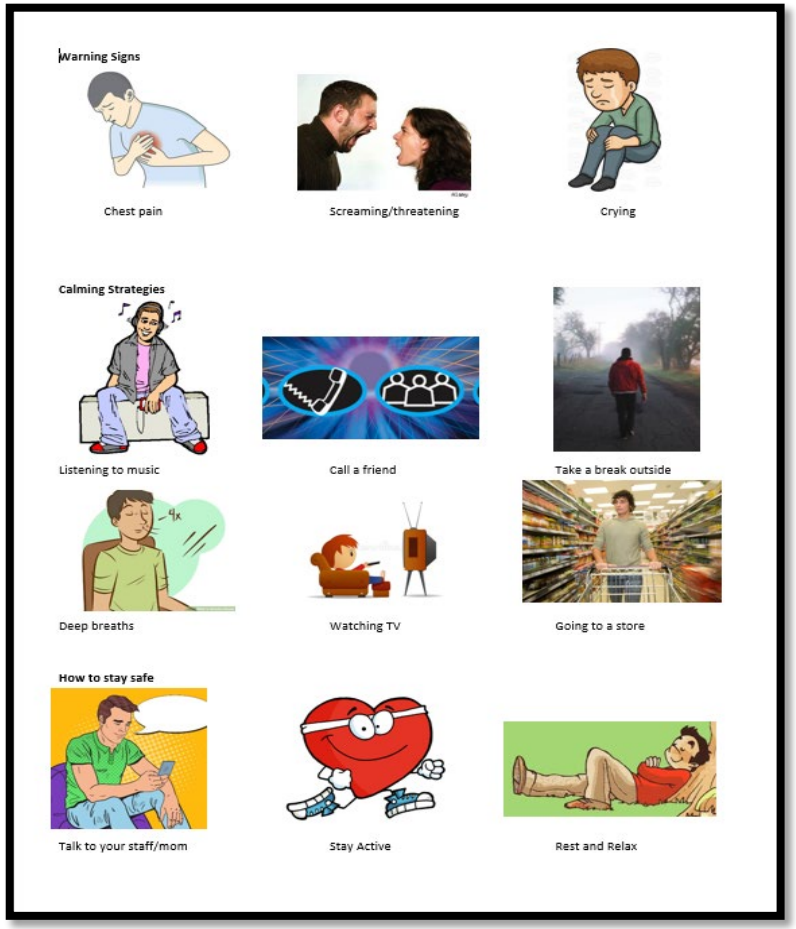
Create a Safety Plan and/or Crisis Plan

Safety Plan:

- Short and simple plan developed BY the individual, or with the individual's direct involvement, that lists:
  - Triggers and Warning Signs
  - Self-soothing/coping strategies that WILL work and are easily accessible during a crisis
  - Ways to remain safe in during a crisis.

Crisis Plan:

- A more detailed plan that also outlines the individual's identified triggers, warning signs, self-soothing/coping strategies, and ways to remain safe during a crisis
- BUT also provides information to caregivers on prevention strategies and effective de-escalation strategies



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Self-Soothing/Coping Strategies: Identify, Practice, Modify

Draw

Arts & Crafts

Talk to Friend/Family

Read

Journal

Go for walk

Get a Drink – Ice Cold Water

Listen to Music (headphones)

Play Video Games

Watch TV/Movies

Deep Breaths

Grounding Exercises

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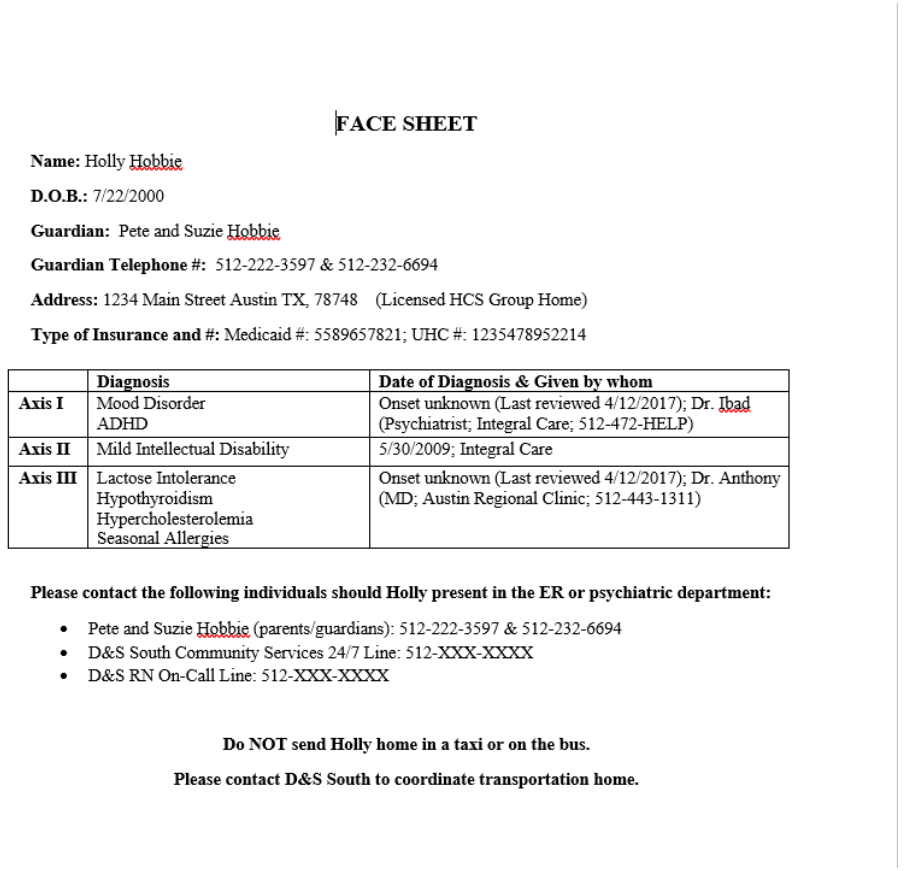
Gather Pertinent Information and Documents

Create a “Crisis Packet” with the information that can go with the individual to the ER or Hospital:

- Face-Sheet listing the following:
  - Contact information for the Parent/Primary Caregiver; Group Home Case Manager/RN/Program Manager; Guardian
  - Psychiatrist and Primary Care Physician;
  - Current Diagnoses;
  - and Insurance Information
- Guardianship Letter (if applicable)
- Current List of Medications/MAR
- Safety Plan, Crisis Plan, or Behavior Plan (if applicable)



FACE SHEET

Name: Holly Hobbie

D.O.B.: 7/22/2000

Guardian: Pete and Suzie Hobbie

Guardian Telephone #: 512-222-3597 & 512-232-6694

Address: 1234 Main Street Austin TX, 78748 (Licensed HCS Group Home)

Type of Insurance and #: Medicaid #: 5589657821; UHC #: 1235478952214

	Diagnosis	**Date of Diagnosis & Given by whom**
Axis I	Mood Disorder ADHD	Onset unknown (Last reviewed 4/12/2017); Dr. Ibad (Psychiatrist; Integral Care; 512-472-HELP)
Axis II	Mild Intellectual Disability	5/30/2009; Integral Care
Axis III	Lactose Intolerance Hypothyroidism Hypercholesterolemia Seasonal Allergies	Onset unknown (Last reviewed 4/12/2017); Dr. Anthony (MD; Austin Regional Clinic; 512-443-1311)

Please contact the following individuals should Holly present in the ER or psychiatric department:

- Pete and Suzie Hobbie (parents/guardians): 512-222-3597 & 512-232-6694
- D&S South Community Services 24/7 Line: 512-XXX-XXXX
- D&S RN On-Call Line: 512-XXX-XXXX

Do NOT send Holly home in a taxi or on the bus.

Please contact D&S South to coordinate transportation home.

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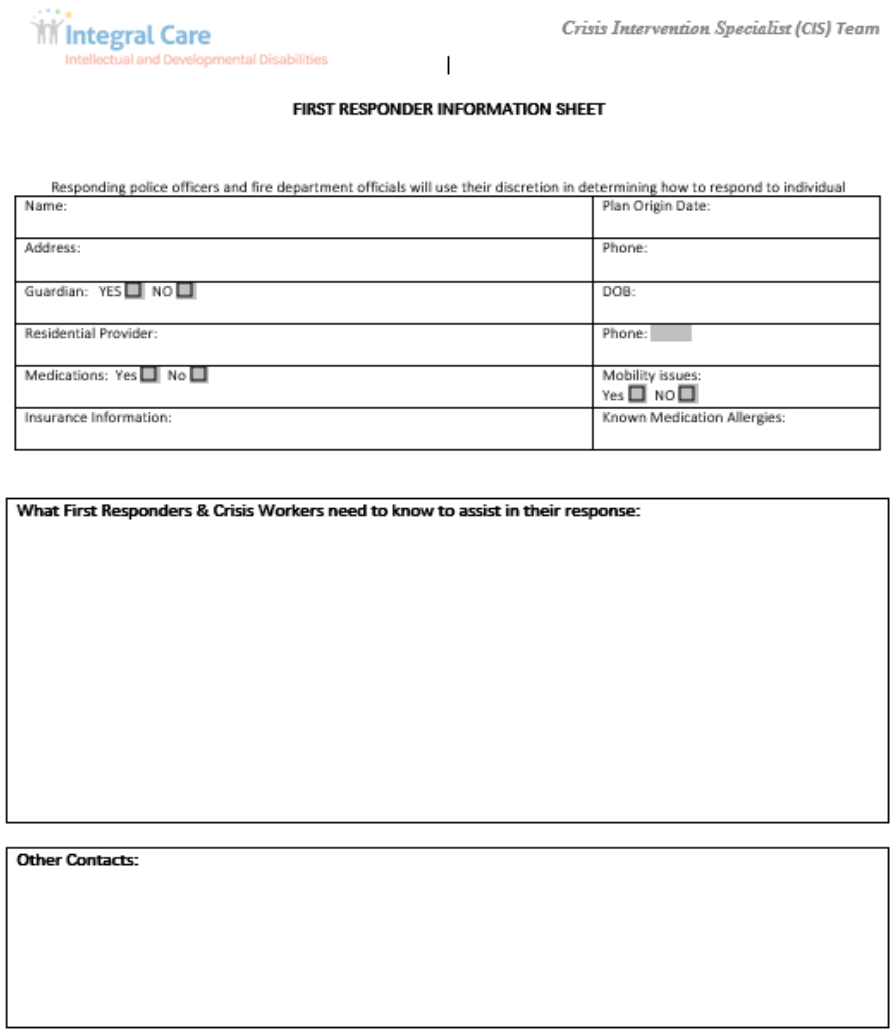
Create a First Responder Information Form

First Responder Information Form:

- Brief, one-pager that can be quickly handed to a first responder upon initial interaction that lists the following:
  - Basic Demographic Information
  - What First Responders & Crisis Workers will need to know to assist in their response:
    - Communication Needs
    - Main Diagnoses – e.g. Autism; Bipolar Disorder; Diabetes
    - 2-3 Triggers to Avoid
    - 2-3 Rapport Building Strategies
    - 2-3 De-escalation Strategies
  - Contact information for Parent/Primary Caregiver; Group Home Case Manager/RN/Program Manager; Guardian



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Crisis Intervention Specialist (CIS) Team

FIRST RESPONDER INFORMATION SHEET

Responding police officers and fire department officials will use their discretion in determining how to respond to individual

Name:	Plan Origin Date:
Address:	Phone:
Guardian: YES ☐ NO ☐	DOB:
Residential Provider:	Phone:
Medications: Yes ☐ No ☐	Mobility issues: Yes ☐ NO ☐
Insurance Information:	Known Medication Allergies:

What First Responders & Crisis Workers need to know to assist in their response:

Other Contacts:

Final Thoughts

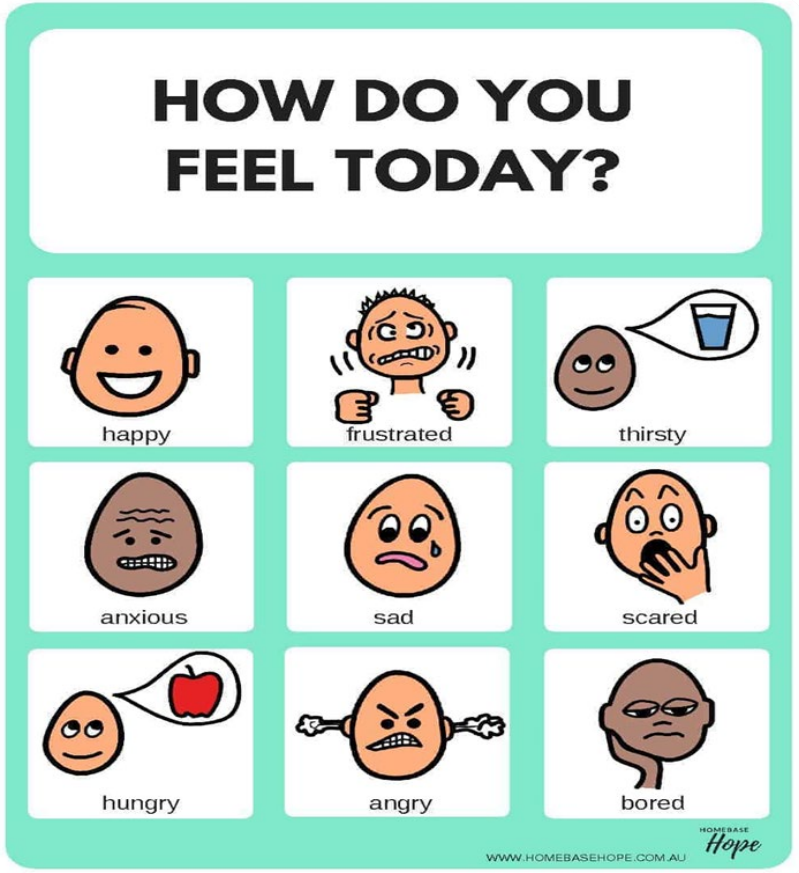
Know the crisis prevention and intervention resources in your area:

- Who is your Local IDD/MH Authority? What is their Hotline #? Is there a Psychiatric Emergency Service Clinic – where is it? Do they have a CIS team?
- What are the options when calling 911?
- Where is the nearest ER?

Include the Person in the Preparation and the Planning

Practice with the person in times of calm, in different locations, different situations

- Practice identifying and expressing thoughts/feelings
- Practice assertiveness/self-advocacy skills
- Practice coping strategies
- Practice safe interactions, especially with law enforcement



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Questions? Comments?

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