Statewide Clinical Assessment Guidelines

Welcome and Introductions

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Meeting Objectives

• Describe the project charter and objectives
• Discuss key issues and challenges related to the current process of assessment statewide
• Define components of an ideal clinical assessment and identify best practices and measures related to those components
• Identify core competencies necessary for the clinical assessment team

Agenda

I. Welcome and Introductions
II. Project Overview
III. Framing the Issues and Identification of Underlying Factors
IV. Clinical Assessment Guidelines – Components of the Ideal Assessment
V. Clinical Assessment Guidelines – Identifying Core Competencies
VI. Next Steps and Wrap Up

Packet Contents

• Questions to Consider Throughout the Day
• Background Materials
  – LPS Act Flow Chart and Recovery Principles
  – Statutes
• Agenda for the Day
• Project Charter
• Components of Ideal Assessment Worksheet
• Evaluation
• Flier for Regional Meetings
Housekeeping

• Breaks and Lunch

Project Overview
What We’ve Done So Far

Autumn Valerio, MPH

Project Overview

• Expert Panel
• County Workgroups
  – Research existing practices and protocols
  – Identify best practices
• Develop Clinical Assessment Guidelines and Curriculum
  – Regional Meetings
  – Webinars
• Training to Clinical Assessment Guidelines
Project Scope

• Primary focus of this work is the clinical assessment
• CIBHS will capture policy issues related to LPS Reform and prepare a white paper outlining key policy issues
• Crisis Intervention Training for Law Enforcement is a separate, parallel project

Project Charter

Problem Statement:
• Current involuntary detainment protocols are inconsistent and inadequate
• Lack of consensus and inconsistent skill of practitioners regarding assessment, intervention and discharge for involuntary detainment
• Individuals and family members experience isolation— from each other (person centered, family inclusive care), from systems (coordination of care), and from community supports (community-based alternatives to crisis facilities)
• Insufficient focus on ongoing training and supervision assessment teams
• Limited focus on linguistic and cultural competence in crisis settings

Project Charter

Project Aim:
• Over the next 24 months, CiMH will collaborate with counties, providers, and stakeholders to establish consensus, and train to, California statewide clinical assessment guidelines for involuntary detainment [in various settings] that are person-centered, family inclusive, culturally responsive and recovery oriented to improve the consumer experience.
Project Objectives/Outcomes

- Standardized training and certification to a consistent protocol which reduces adverse incidences
- Improve clinical assessment competencies
- Setting specific adaptations to establish best practices for specific environments
- Systems changes that promote optimal care
- Identifying community supports and strengthening networks of care
- Identify outcome and performance measures
- Improve clinical/recovery outcomes
- Improve client-based outcomes

Framing the Issues and Identification of Underlying Factors

Percy Howard, LCSW

Framing the Issues

- Lanterman-Petris Short (LPS) Act – Seven Articles of Intent (CA W&I Code Section 5000)
- Statutes
  - CA W&I Code Section 5150
  - CA W&I Code Section 5250
- Recent Detention Data
  - 207,040 Adults and 19,960 Children were involuntarily detained in California in 2010-2011 (DHCS)
  - 165,208 Adults and 16,115 Children were involuntarily detained in 2011-2012 (DHCS)
Key Issues

• Individuals and Families have reported dissatisfaction with treatment and inclusion in treatment decisions to the degree that this has become a burden, focus, and response by representative government

• California has largely adopted the Recovery Model as the philosophical basis for behavioral health treatment for adults

• There is no consistent assessment or treatment approach (post-detainment, in-facility) across the State of California

• Psychiatric beds and resources continue to diminish as a heavy need for crisis psychiatric care still exists

Key Issues

• Individuals are detained in a variety of emergency settings (hospitals, behavioral health crisis centers, jails, etc.) with different approaches to assessment, accessing familial involvement, view of capacity for treatment, etc.

• An array of treatment professionals all bringing different perspectives concerning assessment, discharge planning and care coordination are working with detained individuals

• Hearing officers may have varying views regarding risk which affects detainment issues in a variety of ways

Key Issues

• There may be a variance in the quality of engagement between detained persons and professional staff while detained persons are waiting to be assessed, which can affect assessment and subsequent treatment

• Access to and development of treatment resources is not uniform across Counties, which has potential impact on the assessment and treatment process

• A key challenge to facilitating more person-centered assessment is the fact that many detained individuals are in severe crisis, and not fully capable of collaborative interaction
Assumptions

• Creation of new clinical/crisis resources is not a viable focus of this project
• Integration of some practical/philosophical components of recovery oriented practice into crisis care might improve outcomes for involuntarily detained people
• Unlike Reform efforts such as LPS Taskforce II, this project is concentrating on a much more narrow parameter of clinical practice: the creation of best practice guidelines for assessment of involuntarily detained individuals

Why Consensus Guidelines for Clinical Assessment?

• “To address the many overlapping and complex factors involved in the management of behavioral emergencies in a manner that more carefully considers familial, cultural, spiritual and community assets and strengths.”
• To help establish consistency of practice in a variety of clinical settings for the purpose of providing the greatest benefit to detained individuals

Rationale

• To provide a clinical context for structured staff training in on-going crisis assessment (in a recovery context) which leads to improved outcomes and more effective discharge planning and care coordination for detained individuals
• To promote adaptation of new knowledge and recovery-oriented processes into the assessment, treatment and management of behavioral emergencies
Rationale

• Although there is strong support for crisis treatment and intervention in the least restrictive environment, there has not been significant movement towards blending recovery-oriented processes to accomplish this.

• Increased public concerns about violence perpetrated by individuals suffering from SMI is an impetus to consider every possibly efficacious improvement to clinical assessment practice.

• Also, increased attention must be given to the fact that persons with SMI suffer as victims of violent crime, which may increase crisis episodes.

• Advanced Directives may promote more person-centered approaches in crisis settings, and facilitate Shared-Decision Making whenever possible.

Rationale

• In as much as is possible and realistic, to facilitate elements of Shared-Decision Making into the assessment process (concerning treatment options and discharge planning).
  - Shared Decision Making (SDM) is an approach where clinicians and patients communicate together using the best available evidence when faced with the task of making decisions, where patients are supported to deliberate about the possible attributes and consequences of options, to arrive at informed preferences in making a determination about the best action and which respects patient autonomy, where this is desired, ethical and legal.

  • To more effectively promote effective community discharge and linkage, which may result in less overall crisis resource utilization.

Some Questions to Consider

• Is it possible and beneficial to detained individuals to interweave recovery-oriented practice and principles into crisis management assessment?
  - SAMHSA Definition of Recovery: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

• Can more family involvement in a context of Shared-Decision Making facilitate better potential outcomes for detained individuals?

• Can a clinical formulation paired with assessment facilitate more effective team based care as well as more fully articulate strengths, cultural, community and spiritual assets which can facilitate better outcomes for detained individuals?
Questions to Consider

• Can improved assessment during detention lead to more collaborative, effective discharge planning?
• Can team-based assessment which includes the robust input of recent treating professional pre-detention facilitate better outcomes for detained individuals?
• Does the saying “assessment is necessary but insufficient without understanding (formulation)” apply to the needs of detained individuals and their families?
• Can approaches such as having ambulances transport people to crisis facilities (again wherever possible) vs. law-enforcement transport set the stage for more collaborative engagement?

Questions to Consider

• Is it possible that lack of specificity in LPS Law contributes to statewide inconsistency in application of the law and approaches to practice?
• Is it possible that Medical Necessity Criteria and pressure to deny cases has an effect upon the assessment and treatment process/context in crisis settings?

Activity – Identifying Challenges

• What barriers/challenges exist to implementing clinical assessment protocols and practice?
• Instructions:
  – Break into 4 small groups
  – Identify a Recorder and Reporter
  – As a group, brainstorm challenges and barriers
  – Then prioritize the 3-4 most critical barriers/challenges
  – Report Back
Lunch/Break

Clinical Assessment Guidelines – Components of the Ideal Assessment
Percy Howard, LCSW
Adrienne Shilton, MPPA

Categories of Assessment
1. Stabilization and De-Escalation
2. Engagement
3. Initial Clinical Assessment
4. Admission
5. On-Going Assessment
6. Formulation/Narrative
Categories of Assessment

7. Treatment (Decision-Making and Intervention)
8. Discharge Planning
9. Care Coordination
10. Discharge
11. Support for Wellness and Recovery

General Principles

• Inclusion of family members and support
• Recovery orientation
• Culturally responsive and inclusive

Components of an Ideal Assessment Worksheet

<table>
<thead>
<tr>
<th>Component of Assessment: STABILIZATION AND DE-ESCALATION</th>
<th>Best Practices</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Acute evaluation: How are we making decisions around level of crisis or acute?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 Availability of immediate help or natural resources (specific people requested? Simple questions to ask that will help?)</td>
<td></td>
<td></td>
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<tr>
<td>1.3 Choosing available interventions (what factors are involved in choosing the appropriate intervention?)</td>
<td></td>
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<tr>
<td>1.4 Assessing other risk/scrances of behavior (substance abuse, alcohol and other drugs, etc.?) Are I ammitting symptoms of a mental illness or is something else at play?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.5 Clinician/provider response (what is a stimulating response of the clinician/provider that is observable? What assessment of response, stigma, and discrimination — cultural sensitivity and responsiveness, i.e., language, family, understanding of situation)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Activity – Components of An Ideal Assessment

• Break into small groups (count off)
• Select a recorder and reporter
• Use the worksheet provided to capture your group’s input into the assigned category:
  – Are these the right categories?
  – What is missing?
  – What best practices support these components?
  – What measures?

Clinical Assessment Guidelines – Identifying Core Competencies

Autumn Valerio, MPH
Adrienne Shilton, MPPA

Activity

• What are the core competencies necessary for the clinical assessment team?
• Generate your ideas on post-it notes (individually)
• Share your unique ideas with the group in a “round robin” format
• CIBHS will “affinitize” the competencies by themes or similarities
Next Steps and Wrap Up

Autumn Valerio, MPH

Project Timeline

- 5 Regional Meetings – Summer 2014
  - Southern Region – July 24th
  - Los Angeles Region – July 25th
  - Bay Area Region – August 4th
  - Superior Region – August 7th
  - Central Region – September 12th
- Webinar – Findings from the Regional Meetings – Fall 2014
- Develop Clinical Assessment Guidelines – Fall 2014
- Webinar – Clinical Assessment Guidelines
- Develop Training Curriculum – Winter 2014
- Implement Training Plan – 2015

What Do We Need to Know?

- Current protocols and practices in counties
- Availability of data
- Number and location of acute care facilities
- Training activities and needs

Method for Obtaining Information:

- Survey of County Workgroup Members
- Key Informant Interviews
**Project Website**

- What you will find on the website:
  - Project Overview and Core Documents
  - Meeting & Background Materials
  - Meeting Announcements/Opportunities to Get Involved


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**Please Complete Evaluation**

Thank you!!!