

SCENARIO PLANNING EXERCISE

Scenario #1

Jason, 48 year old male, has alcohol and mental health issues. He is currently being held in jail for a trespass charge that occurred at the hospital. Jason is a model, polite inmate once he becomes sober. Jason cannot take care of himself and his cell is dirty and he urinates and defecates in the corner of the cell instead of using the toilet. It is obvious that he should not be in jail, and has to be in secure housing to protect him in jail. Jason should be in treatment/care for his issues. Jason has been in jail for three months waiting for his misdemeanor case to be handled. The jail staff has called the service provider several times to address the issues and assist Jason into a better environment. What do you do?

Scenario #2

Alice, 53 year old female, has severe mental health issues, and has been in jail for two months waiting for trial. She has been seen by the service provider three times during her time in jail, and there are obvious issues and the jail environment is not helping her. She spends most of her time in jail awake and paranoid, yelling and screaming. She has a competency evaluation ordered, and the Eastern State Doctor found that she is competent. The longer she stays in jail, the worse she is getting, and in talking with jail staff, there is no way she should have been found competent by the Doctor.

Scenario #3

Karen is a 68 yr old female that has been living independently in a rural area. She has been diagnosed with Bipolar Disorder and is in the early stages of dementia. Karen has two siblings that live in the area but she refuses to utilize them as part of her support system as she states that she wants nothing to do with them. Karen also has other medical issues which include a stroke, seizures and is also diagnosed with diabetes. Karen has not been compliant with any of her medications (psychiatric and medical) and therefore has made multiple visits to the emergency dept. due to declining physical and mental health. There have also been concerns that Karen is possibly abusing her benzodiazepines. Karen's ability to care for herself has also declined and therefore her ability to live independently has been of concern. Karen refuses to consider a higher level of care (adult family home, or group home). Karen has recently been hospitalized due to concerns regarding her seizures and has been medically cleared. Karen continues to present to the emergency dept. due to declining mental and physical health symptoms and because of this a psychiatric hospitalization has been considered. Due to the complications with both medical and psychiatric symptoms it has been difficult to find an inpatient facility that will meet Karen's' needs.

Scenario #4

Maribel is a 28yr old undocumented, Hispanic female; whose diagnoses include major depressive disorder severe, with psychotic symptoms and substance use disorders. Maribel has been enrolled in mental health services but her engagement has been poor. Maribel has recently had a child that was removed by CPS due to her substance abuse. Maribel had visitations with her child but CPS has stopped the visitations for lack of follow through from

Maribel. Maribel is currently unemployed and homeless. She has a boyfriend (father of the child) that has tried to be a support system for Maribel; however, he has not been able to provide the necessary support. She was recently hospitalized due to her symptoms of psychosis and was discharged to a residential facility after being released from the hospital. Maribel takes her medications while at the residential facility due to the added support; however, Maribel tends to leave the facility for several days at a time and does not take her medications when she is away from the facility.

Maribel has been referred to the substance use program but has failed to follow through.

Maribel was referred to a medical clinic due to recurrent UTI's but has also failed to follow through with taking her medications. Maribel has recently been evicted due to her continued use of marijuana, methamphetamine and non-compliance with the rules at the residential facility.

Scenario #5

35 yr old male client only wants to come into services for SSI benefits and is usually Court Ordered due to high psychiatric Hospitalization detainments, lives in rural area, where public transportation is limited, has a dx of schizophrenia. Is using meth and is not taking his current medications as prescribed. He does not come into the office because the voices tell him not too. Refuses any type of SUD treatment. Lives by himself in the middle of an orchard making transportation difficult. His natural supports are burnt out and no longer want to assist with client's treatment. Client is on his own, no community support available. Primary issues include instability in the community and need for medication management.

Scenario #6

Aren is a 49 year old male with alcohol use disorder and long-term substance use issues (alcohol and cannabis). One attempt at Intensive Outpatient Treatment, 2 attempts at Intensive Inpatient Treatment. Unable to attain and maintain abstinence outside of a 24-hour clinical setting. He has a history of cravings that have led to relapse and a history of environmental substance availability. Legal issue that involved substance use. Strained finances attributed to substance use. Health issues exacerbated by on-going substance use, high blood pressure and pain management). Motivation to stop drinking, with a history of returning to substance use. Pt's relapse prevention skills and strategies are "If I want to do something I do it. If I don't want to do something I don't do it." Living environment has alcohol available in the home and gatherings that include alcohol as a beverage. Lack of healthy recovering network of friends. Getting patient into intensive outpatient treatment is an ongoing issue.

Scenario #7

42 year old female client who has been engaged in the Health Homes program since 2015. Lived in apartment on second floor, no elevator, has mostly been homebound due to poor functioning, and ability to do self-care secondary to morbid obesity. Has a history of depression, bipolar, PTSD, diabetes, and knee pain from an injury as a result of a car accident. Was not attending counseling due to lack of knowledge about resources.

Scenario #8

A non-English speaking client over utilizes the ER because he does not like his doctor but does not know the process for changing doctors. With the cultural barrier, he does not feel comfortable asking. He is very depressed because his wife was being cared for in a skilled nursing facility. The client spent almost all his time during the day (he would walk there as he did not have transportation) with his wife and was neglecting his own self-care. Recently she passed away. When he needs to go to the doctor he waits until late in the day when his son is off work to take him to the ER. He has a great deal of tooth pain as well as being a diabetic and not understanding how his depression is affecting his health.

Scenario #9

Lori is a 53 year old married, white female military veteran, who identified struggling with depression for 3 years, and was referred by her Primary Care Provider the PCP Behavioral Health Coordinator (PCP-BHC) due to suicidal ideation. Patient stated that she would overdose on pain medication and has attempted so in the past. Patient's history includes childhood trauma, father committed suicide when patient was 4 y/o, parent/adult child relationship issues, fired from work after 12 years employment, communication difficulties with spouse, and addiction to gambling. Patient also struggles with pain related issues. Pt reported feeling shame, guilt, anxiety, sadness, loneliness, overwhelmed, and helpless. However, patient identified that she felt hopeful. PCP-BHC conducted suicide assessment and developed safety plan with patient.

Patient's insurance was not accepted by the local mental health provider and patient did not identify being in a crisis with front desk staff as she did not feel comfortable disclosing information with other people nearby. PCP-BHP provided the patient with 2 local counselors who accepted patient's insurance; however, neither location could schedule patient for an immediate appointment (over a week). Patient was seen by BHC off and on for 4 months. During this time, PCP-BHC contacted Lourdes for bed availability, and instructed patient to be evaluated at ER. Patient spent 1 week in their transitional housing. One month later, patient's suicidal ideation returned and wanted a longer inpatient treatment program.

Scenario #10

Maria is a 45 y/o Hispanic single mother of 1 adult child with special needs who identified limited social support and struggles with passive suicidal ideation. Her primary care provider referred her to the Behavioral Health Consultant (PCP-BHC) at the primary care office. At a follow-up appointment, the patient disclosed to the PCP-BHC current use of methamphetamine and felt overwhelmed with caring for adult child. Patient indicated that she wanted assistance with chemical dependency, but needed an inpatient as outpatient treatment at local facility was not successful in the past.

Patient and PCP-BHC contacted patient's insurance to inquire about which treatment facilities accepted her insurance. Together they called 3 different facilities, and only one had a bed

available. Patient spoke with intake person, who needed an alcohol and drug assessment completed and faxed to the facility before they could proceed. Patient followed up with PCP-BHC a week later and stated that she struggled to find money to pay for assessment, and could not find transportation to the treatment facility. Additionally, patient had to wait until she could find a facility who could care for her son while she was gone.