

## Behavioral Health Commission Meeting – 4/24/19 Hub Health Team PHN Client Stories

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**#1** “I received a referral from the Community Health Advocate for a mom who needed financial assistance, connection to Medi-Cal, and specialized medical education for her children. Her daughter who has Down syndrome was managing a period for the first time and her adult son had no insurance and was need of mental health treatment. During our initial assessment, the conversation evolved to how the mom could manage the needs of her children and their growing independence. Mom was conflicted with how much she should be helping her son with mental health issues and his resistance to receiving help. The mother was connected with NAMI to speak with other people in the same situation of caring for family members with mental health challenges. She was also connected FRC and their counselors and support groups. It turned out the mom mostly needed support herself to manage the demands of her family.”

**#2** “A new Hub Public Health Nurse (PHN) referral was received stating a mother with 6 month old and 5 year old was experiencing barriers to dental care and treatment. As the assigned PHN, I set up a home visit to begin case management and completed Edinburgh screening as part of routine case management. The client scored 19 (out of 30). She also responded to question 10 that she “quite often thinks about harming herself.” The client denied that she has ever wanted to harm her children and told the PHN she did not want to harm herself that day; she signed a safety contract that she would call 911 before harming herself. The client called Behavioral Health with PHN present but did not want the PHN to speak to staff on her behalf during the call. She did not disclose to Behavioral Health that she thought of harming herself but scheduled a follow-up appointment within a few weeks. The PHN worked with client to schedule an appointment with her health care provider for the following week. Following the visit, the PHN and supervisor spoke and were concerned about the timeliness of the appointments. The supervising PHN contacted EDC Behavioral Health to advocate for an earlier appointment for the client and ultimately received confirmation of direct contact between the client and BH staff.”

**#3** “Very recently received referral regarding a grandmother caring for her 3.5 year old due to the parental substance use. This was a self-referral requesting counseling and support for caregiver and child. This referral would not be eligible for PHN case management without the Hubs program because the child is past the second birthday. PHN is making contact with family.”

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**#4** “PHN received self-referral from grandfather raising his two grandchildren and seeking assistance accessing counseling services for his grandson due to behavioral problems. During home visits, the grandfather shared that he has been raising his grandchildren since infancy and that their parents are in prison for multiple offenses. The PHN provided education on ACEs and resiliency to the grandfather and he agreed to complete an ACEs and Resilience questionnaire for his grandchildren. He cried while completing the ACEs portion and the PHN reassured him that resiliency can trump ACEs. Also, that as a supportive and consistent caregiver he was on the right track to providing his grandchildren with a hopeful future. Their ACE score was a 5 while their resilience score was 13. The PHN assisted the grandfather in accessing counseling services for his grandson on school campus since they live in a remote area. PHN support and education continued for several months and the grandfather reported significant improvement in his grandson’s behavior since interventions were implemented.”

**#5** “A referral was received from a high school counselor stating the family was in need of support accessing mental health services. The PHN then provided support and education to the teen’s primary care giver, her grandmother. The teenager was seen by their PCP and was diagnosed with depression. The PCP prescribed antidepressants and made a referral for therapy. However, the teenager was resistant to the treatment plan. The PHN was able to support the grandmother in encouraging the teenager to be compliant with the recommended treatment plan. PHN met with the teenager privately in library space made available to Hub health staff. The teenager shared the family history of substance use and feeling isolated at school. PHN was able to gain trust of teenager and provide education on depression, current medication, healthy coping strategies, and therapy. The teenager then expressed willingness to comply with medication and therapy as well as to practice healthy coping strategies such as drawing, time in nature, deep breathing, and journaling.”

**#6** “Referral received due to mother’s concerns for her child’s health while with the child’s father. PHN found that mother was presenting with emotional distress and ineffective coping related to co-parenting upon assessment. The mother was experiencing difficulty trusting the father to care for their child during his parenting time which was causing her to have irrational fears. The PHN developed a trusting rapport with the mother and used motivational interviewing to set a mutual client goal to

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effectively cope with the court ordered parenting plan. Interventions included increased social interaction, engagement activities such as library programming with her child, increased self-care, individual counseling, and co-parenting counseling. The PHN observed improvement in the mothers coping skills and increased engagement with the child as a result. The client also verbally expressed appreciation of Hub services and that talking with the PHN was extremely helpful.”

**#7** “PHN received referral for a preschool aged child experiencing aggressive behaviors at home and school. The child has diagnosis of social anxiety disorder, separation anxiety, and insomnia and was prescribed Clonidine and an anti-anxiety medication. The anti-anxiety medication was discontinued as child was not tolerating it. Parent was concerned the child has additional diagnoses in regard to behavior/development. The school denied an IEP as child does well academically and the parent was not happy with the school’s decision. PHN conducted 2 home visits and completed DAYC-2 developmental assessments for the cognitive and social emotional domains. The child fell within average ranges. Still, the family expressed interests in getting support for managing child’s behavior and help with emotional regulation. Also, the parent expressed that she has experienced anxiety and depression since she has had her child and is being managed with medication. The PHN suggested family to see a behavior health clinician, especially with child’s diagnoses and to work on managing behaviors appropriately. PHN provided emotional support and education on modeling appropriate behaviors, importance of routines, and promotion of good sleep patterns. PHN provided information on two current parenting classes in Placerville with the emphasis on dealing with emotions, and difficult behaviors. Family is interested in classes. Family has seen improvement in behaviors since initial PHN education to parent. Parent is trying to model calm behaviors in stressful situations and still interested in additional help. PHN obtained a list of LMFTs covered under the families insurance so family can receive counseling services. Family is currently awaiting an appointment with therapist with PHN providing current support to family during this process.”

**#8** “PHN received referral for a young mom who is 4 month post-partum and was tearful at a WIC appointment and stated “my mental health is not good.” PHN established phone contact with client. Client felt overwhelmed with work and family and tearful again on the phone. Client discussed diagnosis of bipolar and that she doesn’t think her

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medication is working anymore. Client doesn't see the same psychiatrist anymore as she previously was seeing someone in Folsom and recently one virtually online. Client had also missed a follow up appointment with primary provider and had not rescheduled. PHN strongly encouraged client to get seen ASAP. In telephone conversation with PHN, client expressed occasional feelings of hurting herself but no current feelings or plan. She also denied feelings of hurting her baby or anyone else. PHN provided emotional support and mental health resources given such as Crisis Line number and what to do if experiencing a mental health crisis. PHN and client discussed the process of going to ER if she needed it. Client stated she did not want it to have to come to that. PHN provided continued phone support to the client and kept following up and checking in to make sure client made an appointment with provider. Client currently has appointment with a psychiatrist scheduled. PHN continues to provide phone and text support because client has not consented to a home visit. Most recently, PHN sent a message to client on a Friday but did not get a response until the following Monday in which client stated she "ended up in the hospital, but got the help" she needed. Client stated she went to ER voluntarily but is now back at home with her fiancée and baby. Client was prescribed an additional mood stabilizer and is feeling "at peace and clear minded." Client wrote to PHN "Thank you for being there for me. I appreciate you following up with me." PHN is still following by phone support on this case per client's request."

**#9**"I received a new referral for assistance with finding a specialty Medi-Cal dentist for a child who is autistic as well as connection with medical care and local community resources as the family newly relocated to this county. Also listed is a history of hospitalization and violence toward others. PHN contacted the parent and established a PHN-client working relationship with mutually set goals. Home and phone visits have been the main sources of contact between the nurse and family. Although the referring party reported the child as autistic on the referral, the mother of the child reported that he had been evaluated previously and did NOT have a diagnosis of autism. However, per parent, he is still "special needs" and has some resources in place such as an IEP at school. During initial interactions during home visits, the child was very hesitant to interact with this PHN and would remain in his room. He would periodically come out to look at me, but would not speak or otherwise engage. It took an extended period of time and patience to gain his trust. Currently, the child will talk and at the last home visit the child actually sat down in a nearby chair for a short conversation. I mention this because

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it takes time to build rapport with a client/family; however, this is a crucial part of establishing a successful PHN-client relationship and cannot be minimized. The family has connected with a local provider for primary care and mental health care. The child has subsequently received a mental health evaluation and medical treatment including medication management. Linkage to dental care has been made, and this PHN continues to work with the family for ongoing dental care. The mother has been having difficulty connecting with a therapist for the child despite having a referral from the primary provider for therapy. This PHN offered to assist parent with healthcare navigation. She signed a Release of Information, which authorized this PHN to follow up with the therapy department. Unfortunately, despite advocating for the family, there is a 2-3 month wait for therapy. PHN requested a review of the therapy referral in order to expedite based on need/acuity and this is still in process. Other options for therapy have been explored with family such as an individual [self-employed] therapist, or using another company [either local or in Folsom/Sacramento]. Parent preference is to utilize this particular company's service when a therapist becomes available. PHN has continued to offer emotional support, while discussing topics such as safety, safety plan, coping skills, resiliency, self-care, positive parenting with the mother. She was been receptive to these nursing interventions. Mother is working closely with school staff regarding her child's behavioral management. The PHN approach and support for the child has been tailored to individual and family needs identified by parent and PHN."

**#10** "As the newest PHN to join the team, I have not yet had referrals that directly pertain to behavioral health. However, this is definitely a topic that we address on a daily basis with all clients that we have interaction. Nursing requires a holistic approach and outlook of patients, so assessing their cognitive and mental status is a way to determine how we can best collaborate with them in developing a plan of care and attainable goals. Whether directly or indirectly, we also address behavioral health with each client by promoting self-care practices, providing a safe-space for one to divulge sensitive information and stories, checking on developmental milestones of children, and making referrals to behavioral, dental and medical health providers as appropriate and following through to ensure care is obtained."

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