

WHAT IS NC START?

- Statewide Crisis Prevention and Intervention Service for Individuals with IDD and Co-occurring Behavioral Health Challenges
- Referral Process For Each Region:
 - Referrals for EAST: All referrals can be made by calling toll free number provided.
 - Referrals for WEST and CENTRAL:
 - Adults: 21 and older: Please call toll free number provided.
 - For Children ages 6-20: Referrals flow through the LME/MCO's. Calls will need to be made to each LME/MCO to initiate a START referral. If there are questions, please call our toll-free numbers and we can assist.

Identifying Stressors For Individuals with Complex Needs

How Do you Identify Stressors?

Think about specific changes to each person:

Changes in Residential Staff?

Changes in Day Program/School/Job?

Illness of Loved One?

Changes in Seeing Peers?

Limitations in Natural Supports?

Changes in Schedules?

** Questions adapted from the UMass Recent Stressors Questionnaire*

*originally developed at the University of Massachusetts by Lauren R. Charlot, PhD, LICSW**

Let's Talk About Loss and Trauma...

Loss is Traumatic

- You don't treat loss with more loss or trauma with more trauma
- Think about how loss is making a person feel
 - Depressive Symptoms
 - Anxiety/Worry
 - Triggers of past loss
 - Isolated
- How do people with complex needs exhibit these symptoms?

Some Anxiety Symptoms

Restless,
fidget, pace

Sweating

Elevated pulse
rate

Fatigue

Poor
concentration

Inattention,
distractibility

Memory
problems

Irritability

Muscle
tension

Sleep
problems

Agitation

Yell, scream,
aggression

Best Practices for Addressing Anxiety

- Meet individuals where they are
- Incorporate both open and closed questions
- Provide visual supports
- Adapt to the individual's level of emotional understanding
- Allow "sitting in silence" or processing time
- Provide opportunities for communication through a variety of modalities: art, movement, AAC, visuals and writing
- Allow opportunities for positive and meaningful engagement
- **MOST IMPORTANTLY: VALIDATE!**

Impact of Communication Deficits

Frustration

Interference with social relationships

Impact on self image

When a person cannot respond verbally to a situation, often respond physically

Effects learning and performance in the classroom and other environments, impacting self esteem

What might this look like?

- Saying inappropriate or unrelated things during a conversation
- Telling stories in a disorganized way
- Having little variety in language use

How Can We Support Individuals In A Residential Setting? START By Reframing What We Think We Know.

“ACTING OUT”
VS.
“REACTING TO”

Reframing
"ATTENTION SEEKING"
by looking beyond behaviour to unexpressed needs

 CONNECT WITH ME <i>(Connection Seeking)</i>	 UNDERSTAND ME <i>(Attunement Seeking)</i>	 PROTECT ME <i>(Attachment Seeking)</i>
SEE ME, HEAR ME, ACCEPT ME: SHOW INTEREST & DELIGHT IN ME: HOLD ME IN YOUR MIND	CONSIDER & RESPOND TO MY NEEDS: ORGANISE, VALIDATE & HOLD MY FEELINGS: BE CURIOUS ABOUT WHAT'S HAPPENING FOR ME	SEE MY EXTREME DISTRESS AND THE DIFFERENT WAYS IT IS BEING EXPRESSED: SUPPORT ME TO REGULATE: HELP ME TO FEEL SAFE

Hidden Treasure with Tracey Farrell

YOU CAN'T
TREAT LOSS
BY TAKING
THINGS
AWAY!

Behavioral Strategies: Environment & Caregiver

Anxiety is contagious!



Importance of creating/maintaining calm, structured, and predictable environment

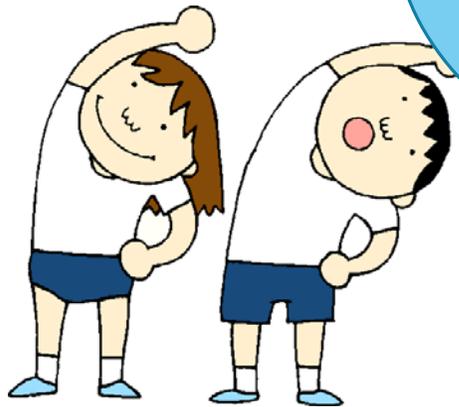
- Morning check-in
- Schedule, plan for the day
- Taking space: create a plan for staff stepping away if things get too hectic and allowing residents to do the same.

Caregiver self-care: How is your staff handling the pandemic? Are they cared for in a way that allows them to care for others?

Caregiver mindfulness-based strategies in supporting individuals with IDD

Behavioral Strategies for the Individual

- Exercise, movement, yoga
- Mindfulness-based strategies
- Grounding techniques
- Diaphragmatic or deep breathing
- Progressive muscle relaxation
- Soles of the Feet Meditation



Strategies

- Implementation of strength spotting and PERMA for resilience and self-esteem building----HELP PEOPLE FEEL SAFE!
- Provide agreed upon choices for emotion support to reduce anxiety. Individuals may struggle to identify strategies independently due to executive functioning
 - Provide reminders, visuals, practice when things are going well
- Timed approach to emotion processing in order to practice transition back to supportive daily schedule
- Reframing “attention seeking” as “connection seeking”

PERSPECTIVE TAKING

WHAT ARE WE HEARING FROM FAMILIIES?	WHAT ARE WE HEARING FROM PROVIDERS?
-I miss my loved one but providers don't want me to talk to them because they will "act out"	-It's really hard to keep other residents safe when one is "acting out", it's easier if they don't get to talk to their family members because they "trigger them".
-I want to help with caring for my loved one, but I don't know how.	-Caring for this individual is difficult right now, I wish we had more help.
-I'm worried about my loved one being over medicated, but I don't know how to help from far away.	-I'm worried about this person being over medicated, but I don't know how to help them calm down.
-I feel stuck.	-We feel stuck.

Interested In Learning More?

NC START Central will be hosting a monthly lunchtime learning series beginning in November.

December's Training (Registration Coming Soon!):

**STARTing Positive Engagement
in Congregate Settings: With
Erica Liles, LCSWA and
Shaniqua Williams, QP**

December 4, 12pm-1:30pm

This presentation will discuss how to foster positive relationships in congregate settings for individuals with complex needs who are feeling the loss of important relationships during Covid-19 restrictions. The material is geared towards residential providers and families.

Many Thanks To The Following For Information In This Presentation:

- Maggie Robbins, LCAT, RDT, Clinical Director of NC START Central
- Karen Weigle, PhD, Associate Director of Center for START Services



WEST TEAM

888-974-2937

Serving the 37 counties of Western North Carolina

EAST TEAM

888-962-3782

Serving the 38 counties of Eastern North Carolina

CENTRAL TEAM

(Easter Seals Program)

800-662-7119 ext. 8730

Serving the 25 counties of Central North Carolina

rhahealthservices.org/nc-start



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

[NCDHHS NC START Web Page](http://ncdhhs.org/nc-start)



centerforstartservices.org

Medicaid Transformation & Becoming Tobacco Free

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TOBACCO TREATMENT SPECIALIST, NC DIVISION OF PUBLIC HEALTH



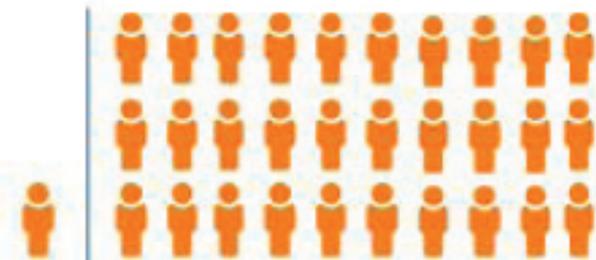
The Burden of Tobacco Use and Secondhand Smoke Exposure in NC

Tobacco use is the #1 cause of preventable death in North Carolina (and the U.S.)

Smoking causes more deaths each year than these causes combined:



For every death, **30** sick or disabled



Dying Sooner



In the US, folks with a behavioral health condition who smoke **lose 25 years of life**, on average

More than half of those in treatment for substance use disorders will die, not from their SUD, but from tobacco related illness

Every year **520,000** Americans die from tobacco-related illness, about **half** of them are people with behavioral health disorders

Tobacco Industry Systematically Targeted People with Behavioral Health Conditions

Gave away cigarettes to NC mental health hospitals in the past

Tobacco companies funded research to promote the false idea that people with schizophrenia needed tobacco as self-medication.

Clients and providers have been exposed to these messages

Schizophrenic.



Other low tars are pretty one-dimensional.

Dull.

But the New Merit is a whole other story; big new taste with lower tar. And that's exciting.

In fact, the New Merit has as much taste as cigarettes with up to 57% more tar. Big taste, lower tar, all in one. For New Merit, having two sides is just normal behavior.

The New Merit. We've got flavor down to a science.

SURGEON GENERAL'S WARNING: Quitting Smoking
Now Greatly Reduces Serious Risks to Your Health.

2040270976

What We Know

Positive effect of quitting smoking on mood and anxiety – effect size **equal** to that of anti-depressants (*BMJ* 2014;348:g1151)

People who receive tobacco use treatment integrated into their substance use treatment are **25% more likely** to maintain abstinence from other substances

There is no safe level of exposure to Secondhand smoke

100% tobacco free environments help people quit

Medicaid Transformation

NC Medicaid will be **requiring** nearly all* physical and behavioral health care providers to provide a 100% tobacco-free treatment environment.

Requirement will go into effect **July 1st, 2022**

*Provider owned/controlled programs which provide ICF-ID services or residential services that are subject to the HCBS final rule are exempt from this requirement. In these settings:

- Indoor use of tobacco products is prohibited.
- For outdoor areas of campus, providers shall:
 - ensure access to common outdoor space(s) that are free from exposure to tobacco products/use;
AND
 - prohibit staff/employees from using tobacco products anywhere on campus.

What does 100% Tobacco- Free Mean?

A tobacco-free policy applies to all of the property under the program's control (that you rent or own)

All of that property (buildings, grounds, and vehicles) is tobacco-free

Tobacco includes the use of combustible, electronic, heated, and smokeless tobacco products

No designated areas for tobacco use indoors or outdoors

Programs do not purchase, accept as donations, or distribute any tobacco products

Tobacco Use Treatment Integration

- Essential component of taking any organization tobacco-free
- Screen all clients for tobacco use
- Offer evidence-based treatment integrated into programming
- Respond to any problems adhering to policy with **empathy and evidence-based treatment**

NORTH CAROLINA TOBACCO TREATMENT STANDARD OF CARE

FDA Approved Pharmacotherapy¹

12 weeks of varenicline (Chantix®)

or

12 weeks of combination therapy
(nicotine patches and nicotine gum or
nicotine lozenge)

Other pharmacotherapy includes bupropion,
nicotine nasal spray and nicotine inhaler



Evidenced-Based Counseling

In order of effectiveness:

- Face to face individual counseling
- Group counseling
- QuitlineNC – telephonic, texting,
and web-based counseling

QuitlineNC Behavioral Health Protocol

7 scheduled calls

12 weeks of combination nicotine replacement

Letter to the client's healthcare provider

Quit coach specially trained in behavioral health

Regardless of insurance

[Click here to learn how to refer clients.](#)



1-800-QUIT-NOW
1 - 8 0 0 - 7 8 4 - 8 6 6 9

Spanish Speaking
1-855-Déjelo-Ya

Question #1:

“Do you currently have any mental health conditions, such as:

- Bi-Polar Disorder
- Depression
- Drug or Alcohol Use Disorder (SUD)
- Generalized Anxiety Disorder
- Post-Traumatic Stress Disorder (PTSD)
- Schizophrenia
- Attention Deficit Hyperactivity Disorder (ADHD)

Question #2:

If the participants answered YES to Q1, then Q2 would be asked:

“Do you think that these mental health conditions or emotional challenges might interfere with your ability to quit?”

What happens
when an
organization goes
tobacco-free?

State Operated Healthcare Facilities went tobacco-free & integrated tobacco use treatment in 2014 and found:

- Clients much more successful becoming tobacco free themselves
- Decrease in staff sick days
- Decrease in conflict among consumers
- Better focus on treatment
- No change in program attendance or discharge

More Program Benefits of Being Tobacco- Free

Everyone is safe from secondhand smoke & aerosol

Set a positive example for children and adolescents who may receive services at your program or visit your program participants

Prevent young people who participate in the program from initiating tobacco use due to exposure at your program

Give each of your clients and staff an **equal chance to live a healthier, happier, and longer life**

Additional Resources

[QuitlineNC](#)'s website has [materials](#) designed for people w/ behavioral health disorders

Tobacco-use treatment integration:

The National Behavioral Health Network's [BHthechange.org](#)

- The Smoking Cessation Leadership Center's [behavioral health](#) resource page
- [Breathe Easy, Live Well Curriculum](#)

Duke UNC Tobacco Treatment Specialist Training Program [dukeunctts.com](#)

SAMHSA resources:

- [SAMHSA tobacco cessation page](#)
- [Implementing Tobacco Cessation Treatment for Individuals with Serious Mental Illness A Quick Guide for Program Directors and Clinicians](#)
- [Implementing Tobacco Cessation Programs in Substance Use Disorder Treatment Settings](#)

Also, check out this [infographic](#) from BHthechange.org



You Quit, Two Quit (YQ2Q) is a Perinatal Tobacco Cessation Quality Improvement Initiative, providing **Free Training and Technical Assistance** to organizations and clinics serving any women of reproductive age in North Carolina.

During the COVID-19 pandemic we are offering our trainings and TA virtually.

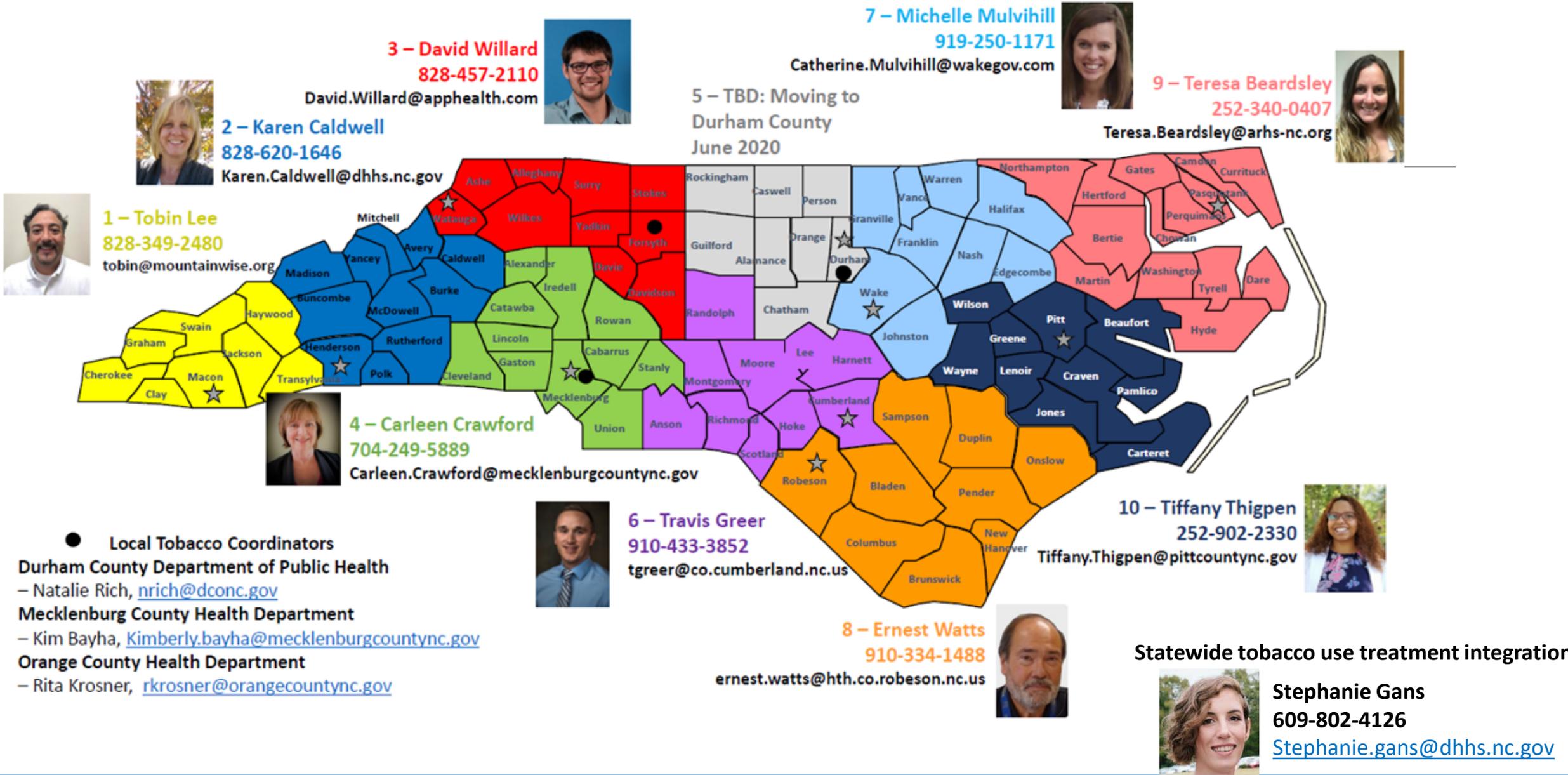
Visit [YouQuitTwoQuit.org](https://www.YouQuitTwoQuit.org)

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North Carolina Tobacco Prevention and Control Branch Funding Regions 2020-2025



● Local Tobacco Coordinators

Durham County Department of Public Health

– Natalie Rich, nrich@dconc.gov

Mecklenburg County Health Department

– Kim Bayha, Kimberly.bayha@mecklenburgcountync.gov

Orange County Health Department

– Rita Krosner, rkrosner@orangecountync.gov

Statewide tobacco use treatment integration

Stephanie Gans

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Questions and Answers



For more information visit our website:
<https://covid19.ncdhhs.gov>

Comments, questions and feedback are welcome at:

- www.ncdhhs.gov/divisions/mhddsas
- BHIDD.COVID.Qs@dhhs.nc.gov
- Medicaid.COVID19@dhhs.nc.gov

Awareness, Managing Crisis, Resiliency

- Hope4NC Helpline (1-855-587-3463)
- Hope4Healers Helpline (919-226-2002)