

Substance and Behavioral Health Issues  
in Northern Colorado  
Local Impacts of a National Challenge

Fort Collins Area Chamber of Commerce  
Health Care in Your Future Summit  
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# Changing Referrals

- 65+
- 35+
- History of ETOH abuse to CIWA
- Opioids
- Meth – IV usage that morning
- Chronic health issues/needs from years of use



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# CIWA Scale



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## Clinical Institute Withdrawal Assessment Scale for Alcohol, Revised (CIWA-Ar)

### Nausea and Vomiting

- 0 – No nausea or vomiting
- 1
- 2
- 3
- 4 – Intermittent nausea with dry heaves
- 5
- 6
- 7 – Constant nausea, frequent dry heaves and vomiting

### Paroxysmal Sweats

- 0 – No sweat visible
- 1 – Barely perceptible sweating, palms moist
- 2
- 3
- 4 – Beads of sweat obvious on forehead
- 5
- 6
- 7 – Drenching sweats

### Agitation

- 0 – Normal activity
- 1 – Somewhat more than normal activity
- 2
- 3
- 4 – Moderate fidgety and restless
- 5
- 6
- 7 – Paces back and forth during most of the interview or constantly thrashes about

### Visual Disturbances

- 0 – Not present
- 1 – Very mild photosensitivity
- 2 – Mild photosensitivity
- 3 – Moderate photosensitivity
- 4 – Moderately severe visual hallucinations
- 5 – Severe visual hallucinations
- 6 – Extreme severe visual hallucinations
- 7 – Continuous visual hallucinations

### Tremor

- 0 – No tremor
- 1 – Not visible, but can be felt at finger tips
- 2
- 3
- 4 – Moderate when patient's hands extended
- 5
- 6
- 7 – Severe, even with arms not extended

### Tactile Disturbances

- 0 – None
- 1 – Very mild paraesthesias
- 2 – Mild paraesthesias
- 3 – Moderate paraesthesias
- 4 – Moderately severe hallucinations
- 5 – Severe hallucinations
- 6 – Extremely severe hallucinations
- 7 – Continuous hallucinations

### Headache

- 0 – Not present
- 1 – Very mild
- 2 – Mild
- 3 – Moderate
- 4 – Moderately severe
- 5 – Severe
- 6 – Very severe
- 7 – Extremely severe

### Auditory Disturbances

- 0 – Not present
- 1 – Very mild harshness or ability to frighten
- 2 – Mild harshness or ability to frighten
- 3 – Moderate harshness or ability to frighten
- 4 – Moderately severe hallucinations
- 5 – Severe hallucinations
- 6 – Extremely severe hallucinations
- 7 – Continuous hallucinations

### Orientation and Clouding of the Sensorium

- 0 – Oriented and can do serial additions
- 1 – Cannot do serial additions
- 2 – Disoriented for date but not more than 2 calendar days
- 3 – Disoriented for date by more than 2 calendar days
- 4 – Disoriented for place/person

### Cumulative scoring

Cumulative score	Approach
0 – 8	No medication needed
9 – 14	Medication is optional
15 – 20	Definitely needs medication
>20	Increased risk of complications

# Case Studies

- Patient from the motel
  - QPR Training
  - Zero Suicide
    - Color coded Suicide Assessment Scale for all to use



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# Suicide Assessment Scale



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## Step 1: Identify Risk Factors

C-SSRS Suicidal Ideation Severity	Month
1) <b>Wish to be dead</b> <i>Have you wished you were dead or wished you could go to sleep and not wake up?</i>	
2) <b>Current suicidal thoughts</b> <i>Have you actually had any thoughts of killing yourself?</i>	
3) <b>Suicidal thoughts with Method (with no specific Plan or Intent or act)</b> <i>Have you been thinking about how you might do this?</i>	
4) <b>Suicidal Intent without Specific Plan</b> <i>Have you had these thoughts and had some intention of acting on them?</i>	
5) <b>Intent with Plan</b> <i>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</i>	
<b>C-SSRS Suicidal Behavior:</b> "Have you ever done anything, started to do anything, or prepared to do anything to end your life?"	Lifetime
<b>Examples:</b> Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	Past 3 Months
If "YES" Was it within the past 3 months?	

RISK STRATIFICATION	TRIAGE
<b>High Suicide Risk</b> <input type="checkbox"/> Suicidal ideation with intent or intent with plan <b>in past month</b> (C-SSRS Suicidal Ideation #4 or #5) Or <input type="checkbox"/> Suicidal behavior <b>within past 3 months</b> (C-SSRS Suicidal Behavior)	<input type="checkbox"/> Immediately sweep room for dangerous objects <input type="checkbox"/> Initiate local psychiatric admission process via ED <input type="checkbox"/> Stay with patient until transfer to higher level of care is complete <input type="checkbox"/> Contact MD, SSD, DON, POA <input type="checkbox"/> Follow-up and document outcome of emergency psychiatric evaluation <input type="checkbox"/> Document event and evaluation in Matrix
<b>Moderate Suicide Risk</b> <input type="checkbox"/> Suicidal ideation with method, <b>WITHOUT plan, intent or behavior in past month</b> (C-SSRS Suicidal Ideation #3) Or <input type="checkbox"/> Suicidal behavior more than 3 months ago (C-SSRS Suicidal Behavior Lifetime)	<b>Directly address suicide risk, implementing suicide prevention strategies</b> <input type="checkbox"/> sweep resident room <input type="checkbox"/> initiate 15 or 30 minute rounding for score #3 <input type="checkbox"/> place resident with suicidal behavior more than 3 months ago on PRP <input type="checkbox"/> Develop Safety Plan <input type="checkbox"/> Open an event to monitor for s/sx of changes to suicidality and depression (or mania) and effective interventions <input type="checkbox"/> Notify social work for assessment of referral to psychotherapy and/or psych NP assessment. <input type="checkbox"/> Document event and evaluation in Matrix
<b>Low Suicide Risk</b> <input type="checkbox"/> Wish to die or Suicidal Ideation <b>WITHOUT method, intent, plan or behavior</b> (C-SSRS Suicidal Ideation #1 or #2) Or <input type="checkbox"/> No reported history of Suicidal Ideation or Behavior	<input type="checkbox"/> Notify social work for assessment of referral to psychotherapy and/or psych NP assessment. <input type="checkbox"/> Open an event to monitor suicidal ideation/depression and effective interventions <input type="checkbox"/> Document event and evaluation in Matrix

# Patient #2

- **Wernicke-Korsakoff** syndrome is a chronic memory disorder caused by severe deficiency of thiamine (vitamin B-1) – often from alcohol misuse.
  - » Hospital phase
  - » SNF phase
  - » ALF phase
  - » Future?



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# Mental Health Needs

- Older adults (65+) and depression/anxiety related to grief and loss
- Severe agitation related to dementia requiring 1:1 care, video monitoring, or security guards
- Traumatic Brain Injuries
- Trauma-informed Care



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- Adults (31-64+) coping with addictions related to untreated or under treated mental health issues
- Personality Disorders
- Chronically homeless in our community or traveling through our community



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# Recent Referral

- Bipolar Disorder
- Schizophrenia
- Obsessive Compulsive Disorder
- Fall with hip fracture and repair



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# The need is great - because

- These scenarios are not isolated to our patients/residents:

Our Staff

Our Families



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# In Northern Colorado

Only together.....

we can get our arms around this  
crisis and help our fellow citizens  
to live the best life they can.



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# Thank you!



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