Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Safety: Common Ground

April 24, 2017
3:00-4:00 PM (EDT)

Presenters: Joan Gillece, Heather Rae
This webinar series will highlight the innovative work of crisis service providers employing a trauma-informed approach, including prevention, engagement, and inclusion of lived experience and peer support. Each 60-minute webinar will focus on how an agency implements one of the principles from SAMHSA’s Concept and Guidance for a Trauma-Informed Approach (link is external): Safety, Trustworthiness and Transparency, Peer Support, Collaboration and Mutuality, Empowerment, Voice and Choice, and Cultural, Historical, and Gender Issues. After the provider presentations, a moderated Q&A will follow.

Today’s webinar will include a brief introduction by SAMHSA’s National Center for Trauma-Informed Care (NCTIC) staff to SAMHSA’s six principles of a trauma-informed approach. Following the introduction, staff from Common Ground, located in Oakland County, Michigan will present on how they promote Safety in a crisis services setting. Common Ground provides a lifeline for individuals and families in crisis, victims of crime, persons with mental illness, people trying to cope with critical situations and runaway and homeless youths. It was intentionally designed as a trauma-informed crisis services program.
SAMHSA’s Trauma-Informed Approach: Key Assumptions and Principles
Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS) or the Center for Substance Abuse Treatment (CSAT), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).
SAMHSA’s Six Key Principles of a Trauma-Informed Approach

- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice, and Choice
- Cultural, Historical, and Gender Issues
Principle 1: Safety

Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe.

Video: Leah Harris
Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among clients, family members, staff, and others involved with the organization.

Video: Pat Risser
Principle 3: Peer Support

Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, serving as models of recovery and healing, and maximizing a sense of empowerment.

Video: Cicely Spencer
Principle 4: Collaboration and Mutuality

Partnering and leveling of power differences between staff and clients and among organizational staff from direct care to administrators; demonstrates that healing happens in relationships, and in the meaningful sharing of power and decision-making.

Everyone has a role to play; one does not have to be a therapist to be therapeutic.

Video: William Killebrew
Principle 5: Empowerment, Voice, and Choice

Individuals’ strengths and experiences are recognized and built upon; the experience of having a voice and choice is validated and new skills developed.

The organization fosters a belief in resilience.

Clients are supported in developing self-advocacy skill and self-empowerment

Video: GAINS Center Interview Video
Video: Mike Skinner
Principle 6: Cultural, Historical, and Gender Issues

The organization actively moves past cultural stereotypes and biases, offers gender-responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

Video: William Kellibrew
SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach

Download a copy here.

http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf
Safety

Heather Rae, CEO Common Ground
Safety in the Crisis Center

• Treat people with respect
• Comfortable & well supervised environment
• Spacious rooms
• Every decision is made with “how does this support trauma informed care?”
• Recovery orientation
• Peers
• Policies and procedures that address violent behavior and weapons
  ✓ Panic buttons
  ✓ Security guard
  ✓ Metal detector
• Agency Safety Committee
• Staff training
• Adequate funding
Common Ground Service Array

Resource and Crisis Center: Common Ground’s Continuum of Crisis Services

Least Restrictive
- SaYes Theatre Troupe *
- Support Groups *
- Resource & Crisis Helpline
- Sanctuary Youth Shelter/Emergency Respite *

Most Restrictive
- Social Detox * (Coming Soon)
- 23 hr Crisis Stabilization & Support *
- Volunteer Attorney Legal Clinic
- Victim Assistance
- Parent Support Partners *
- Mobile Crisis Team *
- Crisis Residential Unit *

* Programs with Peers
Crisis Center Data

FY 2016

• Total presenting at the Resource and Crisis Center (RCC) = 6,297
• Average per month = 525
• # by Ambulance = 578
• # by police = 470
• All other = 5,251

• 70% of people that arrived on a petition and/or clinical certification were “decertified” – not certified to stay in the hospital.
• # of people that would have gone to the Emergency Department (ED) if there wasn’t a Crisis Center= 5,721
3% of MH/SU system funding is spent on crisis services.

76% of persons served by MH/SU system are served by crisis provider.

Mental Health/Substance Use System Funding Breakdown by percentage:
- 3%
- 97%

Persons served by the Mental Health/Substance Use System breakdown by percentage:
- 24%
- 76%
Resource & Crisis Center, Pontiac MI
“Too often, public systems respond as if a mental health crisis and danger to self or others were one and the same. In fact, danger to self or others derives from common legal language defining when involuntary psychiatric hospitalization may occur—at best, this is a blunt measure of an extreme emergency. A narrow focus on dangerousness is not a valid approach to addressing a mental health crisis. To identify crises accurately requires a much more nuanced understanding and a perspective that looks beyond whether an individual is dangerous or immediate psychiatric hospitalization is indicated.”

-SAMHSA’s Practice Guidelines: Core Elements in Responding to Mental Health Crises (http://store.samhsa.gov/shin/content/SMA09-4427/SMA09-4427.pdf)
Crisis Center Partnership Room
OACIS- Oakland Assessment & Crisis Intervention Service

- Trauma informed environment, Recovery oriented approach to crisis intervention
- “No Force First” environment
- Open 24/7
- 2 bed nook for people with Intellectual and Developmental Disabilities (I/DD)
- Weighted blankets, sensory cart (music, drawing, tactile objects, etc.)
- Emergency entrance for ambulance and police
- Shower, laundry, food, bus tickets, and some basic need products
- Emergency Assessment for inpatient
- Registered Nurse (RN) for ED coordination, health services, medication administration
- Psychiatry for medication review, evaluation
- Certified Peer Support Specialists as Recovery Coaches
- Licensed Master Clinicians
OACIS
Inside the Emergency Entrance
Crisis Residential - The Retreat

- Staff includes peers, psychiatrist, nurse, clinicians, art therapists, follow-up specialist
- Exercise Room
- Expressive Arts
- Pet Therapy
- External Support Groups (AA/NA)
- Recovery Group (Peer led)
- Guest Computer Station
- Private Bedrooms w/private bathrooms
Retreat Bedroom
Retreat Kitchen/Great Room
Retreat Art Room
Safety Lessons Learned

• Design your program to meet the needs of the 95% of people served, but plan for the 5% that will have difficulty keeping themselves and others safe
• Security guards, metal detectors, and use of restraints must be carefully applied, but can be done in a trauma informed manner with training
• Good training for staff is essential
• Measure safety incidences and “near misses”, and publish. “Near misses” means a narrowly avoided incident that can result in important safety improvements
THANK YOU!
Q & A WITH THE PRESENTERS

Please type your question in the chat box