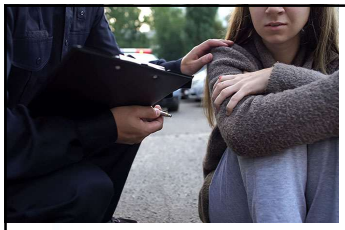

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for the well-being of all people

Co-Response and Peer Support Expansion

1

Objectives

- Recognize, Assess, and Respond to Risks and Challenges for continued safety and well-being under distress.
- Evaluate Peer Safety and facilitate connections with professional support when necessary.
- Understand the Impact of Secondary Trauma on personal wellness when confronted with another's trauma.
- Facilitate Safety in Wellness and Recovery efforts for oneself and others.
- Identify Crisis and Emergency Situations and effectively use the organizational chain of command for resolution.
- Recognize Triggers, Distress, and Early Crisis Indicators to enable timely intervention

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Who we are

- Mental Health Professionals responding to calls for service
  - Mobile Crisis Team: 24/7/365 activated by collaborating organizations.
  - Licensed Mental Health Professionals
  - Peer Support/Community Outreach Coordinator: individuals with lived mental health or substance abuse experience.

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Change

State Definition Changed:

- In 2023 we added 2 more peers and a crisis coordinator who can now respond to crisis calls.
- Increased our capacity to respond in teams
- Reduced the number of calls we need to utilize Law Enforcement for. Gives first responders time back for higher-risk calls.
- Reducing trauma and criminalization of mental health/social service calls.

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Required Training

- Suicide Behaviors Questionnaire Revised (SBQR)/ Ask Suicide Screening Questions (ASQ)
- CAGE-AID (Substance Use Screening Tool)
- Columbia Suicide Severity Rating Scale (C-SSRS)
- Brown-Stanley Safety Plan
- Counseling Access to Lethal Means (CALM)
- Training for working with CFS or Probation-involved youth, EPC alternatives for youth 18yo and under.

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Required Training

- CPR and First Aid
- Question, Persuade, Refer (QPR)/Assessing and Managing Suicide Risk (AMSR)/Collaborative Assessment and Management of Suicidality (CAMS)
- Diversity training
- Accessing interpretation services
- Opioid Overdose Safety (Narcan) https://www.youtube.com/watch?v=LmxZkNW7VKM
- Trauma-Informed Services
- Mental Health First Aid (All non-licensed staff)

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Assessing for Peer Safety and Facilitating Professional Support

- Effective communication with peers under distress includes
  - Trauma-Informed Care,
  - Cultural Implications
  - Motivational Interviewing Skills.
- Referral processes to professional support networks at the least restrictive level of care
- Safety assessment criteria

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What to Expect: The Initial Call

- Basic information gathered on phone call: your name, number, address of call, and consumer's name
- Consult with caller for situation information
- Use of active listening and mental health skills to build rapport or deescalate consumer
- Types of risks: physical, emotional, environmental MCR Peer/Therapist encounters.

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Case Presentation 1

Daryl Davidson (not his real name)

- White single male, mid 50's, poor health,
- Prolonged alcohol abuse.
- Poor living conditions. Reported he had not bathed in over a month
- No reported violence does have a history of alcohol related charges.

- Jon in a Co-responder role always goes with LE so he does not need to triage which level of response.
- In the MCR Mobile Role we would take time to determine what level of response we should send.

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Case Presentation 2

Sarah Lee (not her real name)
a behavior health worker with lived experience

- White single female, early 30's, no known medical conditions,
- Reports a history of taking medication for depression but not for several years.
- Has recurring thoughts of suicide with a plan.
- Has strong supports at work and they are available on scene.
- No reported use of substance.
- Michelle in MCR role needs to determine what type of response she will initiate. She can call her fellow on call therapist for guidance or this supervisor if needed.

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Response to Risks and Challenges

- Response strategies to maintain safety and well-being
- Maintain your equipment and vehicle
- Be aware of your position and the consumers
- Can you get away quickly?
- Organizational chain of commands: when and how to escalate issues.

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The Assessment

- Crisis Assessment
  - Basic Information
  - Mental Health History & Current Symptoms
  - Substance Use History
  - Safety Screenings (Suicide, Homicide, Ability to Care for Self)
  - Consumer's Presentation
  - Criminal History
  - Support System
  - Risk Factors & Lethal Means
  - Consumer Needs
  - Our goal is to keep assessments around 30 minutes, or more as needed

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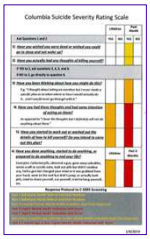
What to Expect: Suicide Assessment

- Columbia Suicide Severity Rating Scale
  - Asking about suicide does not plant suicidal thoughts
  - Used in all area hospitals and by many first-responders nationwide
  - If consumer answers yes to questions in yellow, orange, or red areas consider calling CR
- Suicide Risk Factors
  - Substance Abuse
  - Major Loss
  - Elderly White Males
  - Family History
  - Command Hallucinations
  - Attempt History
  - Isolation
  - Lack of Future-Oriented Speech
  - Access to Lethal Means (i.e., firearms, medications, knives, rope)



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Case Presentation 1

Daryl Davidson

- Daryl has received an eviction notice and is living in unsafe conditions,
- Poor physical health and older
- Limited resources no phone, shower, insurance, or transportation.
- 2 neighbors, as his main source for support. He shared that one cooks for him and makes sure that he is eating.
- He denied any suicidal or homicidal ideation. He did not appear to be having delusions or hallucinations,
- He denied depression,
- positive for anxiety.

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Case Presentation 2

Sarah Lee

- CRS noted client reached out for help and does not intend to complete suicide but is fearful.
- Potential risk to others if she drives her car but none on scene.
- Sarah presented as depressed experiencing hopelessness, helplessness and low self-worth. She is encountering barriers to access treatment
- Sarah has a plan and means but doesn't have intent
- She is a student and works
- Does not have substance use history
- Lists supports including family and peers

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What to Expect: The Disposition

- Next steps discussed
  - EPC/CPC
  - Voluntary Mental Health Admission
  - Medical Admission
  - Safety Planning
  - Link to Community Resources
  - Goal to divert hospitalization & jail
  - If present, deputy or officer makes final decision
- Team will follow up with consumer in 24 hours

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Safety Planning

- Appropriate 24/7/365 resources given
- Ideally built with other loved ones
- Lethal means secured
- Coping strategies discussed and taught by Crisis Response Staff
- Encouragement to call 911 if feeling unsafe
- Linked to resources for long-term stability

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Recognizing Triggers, Distress, and Early Crisis Indicators

- Identifying triggers and early distress signs
- Strategies for early intervention and de-escalation
- Building resilience and proactive coping mechanisms

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Facilitating Safety in Wellness and Recovery

- MCR Follow Up
- Creating safe environments for crisis-affected individuals
- Encouraging recovery-oriented practices
- Role of peer support in the recovery process

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Case Presentation 1

Daryl

- CRS collaborated with the APS case manager.
- More calls occurred for Daryl in addition to Peer Support and follow up
- When Dary was no longer able to believably safety plan Co-Responder assisted him at the hospital for a voluntary admission.

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Case Presentation 1

Sarah

- Cannot go to the crisis Center because she is a resident of a different state, Will not go to Safe Harbor, Does not agree to go to the hospital..
- Michelle recognized that silence in the car and being alone were factors contributing to increased S.I.. Sarah discussed talking on the phone until she arrived at her destination as a possibility, but Michelle and her boss are not comfortable with this.
- At this time without intent, the ability to advocate for herself and suggesting options she does not meet EPC criteria.
- Sarah agrees to call her mother for a ride home. When her mother arrived she agreed to go to the hospital voluntarily.

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Breakout Group 1: Case Studies

- Objective: Practice evaluating peer safety and facilitating support connections.
- Tasks:
  - Role-play peer assessment scenarios
  - Disposition
  - Practice referral communication with professionals

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Case Study Number One: Suicide

- You receive a text from a participant that states "I'm done with all of this, you'll all regret not caring about me after you find my body." What do you do?

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Case Study Number Two: Psychosis

- You are called by police to speak with a woman making reports of being framed by the government. She has a very large stack of papers in her arms. She is extremely excited, stated she hasn't slept for two days but that she has finally figured it all out and has the paperwork to prove it!

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Supervision

Team Supervision:

- Eve Jarboe, LIMHP, and Brad Negrete, LIMHP, are Available 24/7 365 for immediate supervision and debriefing.
- Monthly Team Meetings/Call Reviews
- Weekly individual supervision for full-time staff
- Weekly team Meetings for full time staff

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Impact of Secondary Trauma on Personal Wellness

- Definition and examples of secondary trauma
- Signs of compassion fatigue and burnout
- Strategies for self-care and support
- Importance of supervision and debriefing

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Developing Safety Plans for Wellness and Recovery

- Objective: Create safety plans to support wellness and recovery for peers
- Tasks:
  - Identify safety measures in crisis recovery settings
  - Discuss barriers to safety and develop solution.

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Why we do what we do

- Reduce law enforcement calls due to mental illness
- Link consumer and family members to needed resources
- Provide input for those in disposition decision process
- Ensure safety of individuals experiencing crisis
- Allow individuals to remain in community to avoid further life disruption
- Improve individual's ability to handle crisis in the future

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Q&A and Open Discussion

- Address participant questions
- Share insights and best practices

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Contact Information

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