Regional Crisis Supports Training

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What Services Do Our Regional Crisis Providers Offer? Regional Crisis Call Center

<u>Defined</u>: DBHDS Region 2 requires a Regional Crisis Call Center to support individuals in crisis in the community and to provide individuals experiencing behavioral health, developmental disability, and/or substance use-related crises a response appropriate to their needs rather than defaulting to law enforcement or a 911 response. It is expected that aligning the response with the need will lead to reduced use of hospital emergency departments, reduced hospitalizations, decrease unnecessary incarcerations, and assist people with behavioral health and developmental service needs to live safely and successfully in their own communities.

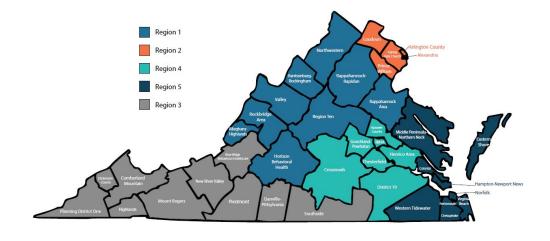
<u>Purpose</u>: Provide crisis telephone support and information and referral services to individuals experiencing a crisis, through a toll-free hotline that meets or exceeds standards prescribed by the American Association of Suicidology (AAS)with real-time access to a live person24/7/365. All calls, chats, and texts will be responded to and documented

Service Length: Immediate, upon request, or until a warm hand-off to additional services continues

Regional Crisis Call Center (PRS)









Regional Crisis Call Center (PRS)



POPULATIONS SERVED BY REACH AND CR2

- Both REACH and CR2 can provide a rapid behavioral health response to any individual in crisis. Both REACH and CR2 are able to serve both adults and children, and individuals who have a mental illness and/or intellectual or developmental disability.
- While both teams can serve individuals through the lifespan and cross-disability, REACH has a subspecialty of treating people diagnosed with an Intellectual/Developmental Disability, while CR2 has a subspecialty of Behavioral Health.

Community Regional Crisis Response (CR2)

- Rapid mobile response
- Prevents unnecessary hospitalizations and placements outside the home
- 24-hour intervention
- Screening and triage
- Safety planning
- Clinical assessments, including lethality
- Psychiatric assessment and services
- Bilingual counselors
- Case management
- Post discharge follow-up
- Care coordination with community resources and professionals



CR2 is provided at no cost to clients. It is funded primarily through DBHDS grants and Medicaid. Clients with commercial insurance may be required, by their insurer, to provide a copay for psychiatric assessment and medication services.

CR2 Service Area

Counties of:

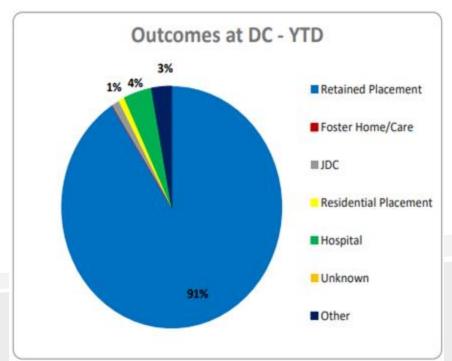
- Arlington
- Fairfax
- Prince William
- Loudoun

Cities of:

- Alexandria
- Fairfax
- · Falls Church
- Manassas
- Manassas Park



FY22



What Services Do Our Regional Crisis Providers Offer? Mobile Crisis Response (CR2 and REACH)

- <u>Defined</u>: Rapid response, assessment and early intervention to individuals experiencing crisis Provided 24/7
- <u>Purpose</u>: Assisting people in returning to their equilibrium, prevention of harm to the individual or others, provision of quality intervention in the least restrictive setting, development of immediate plan of safety to help avoid higher level of care
- <u>Service Length</u>: up to 3 days

- Recovery-oriented, trauma-informed, developmentally appropriate support
- Sensitive to cultural identity and humility and respect for lived experiences
- Assessment and screening, including telemedicine assisted assessment
- Treatment Planning
- Provided in community location where individual exists
- De-escalation and resolution of crises
- Brief therapeutic and skill building interventions
- Engaging peer and natural supports
- Safety-Crisis Planning
- Coordination with the crisis call center
- Linkage with ongoing services and supports
- Coordination with law enforcement and emergency responders

What Services Do Our Regional Crisis Providers Offer? Community Stabilization (CR2 and REACH)

<u>Defined</u>: Community Stabilization services are short-term and designed to support an individual and their natural support system following contact with an initial crisis response service or as a diversion to a higher level of care.

<u>Purpose</u>: to stabilize the individual within their community and support the individual and/or support system during the periods:

- between an initial Mobile Crisis Response and entry into an established follow-up service at the appropriate level of care
- as a diversion to a higher level of care
- A stepdown from a higher level of care

Service Length: (CR2) up to 1 week with ability to extend if active crisis is ongoing; (REACH) up to 15 days with the ability to extend if active crisis is on-going

- Recovery-oriented, trauma-informed, culturally congruent and developmentally appropriate provision of services
- Assessment and screening, including explicit screening for suicidal or homicidal ideation
- Brief Therapeutic Interventions
- Skill Building; Interventions to integrate natural supports in the de-escalation and stabilization of the crisis
- Health Literacy / Psychoeducation
- Crisis education and prevention planning and support
- Engaging peer/natural and family support to strengthen the individual's participation and engagement
- Linkage and referral to ongoing services, supports and resources (examples: housing, peers, support groups, etc), as appropriate and least restrictive level of care

Regional Education Assessment Crisis Services Habilitation (REACH)

REACH's Mission

To Educate

- Providers
- Family
- Health Care staff
- Schools
- Mental Health Professionals
- Law enforcement
- Members of the person's natural circle of support

To Assess

- Crisis situations
- Mental health symptoms
- Behavioral function
- Environment
- The support system surrounding the Individual
- Medical issues impacting behavior

To Provide Crisis Services

- 24/7 crisis response
- Stabilization services
- Coaching and mentoring for the person's system of support
- Making environmental changes that support the person

To Habilitate

- Teach effective coping skills
- To develop stress tolerance skills
- To teach functional skills for increased independence
- To identify individual interests and learn to access these

REACH Contact Locations/Contact



Region I – Charlottesville-(855) 917-8278

Region II- Fairfax County-(855) 897-8278

Region III -New River Valley-(855) 887-8278

Region IV- Richmond-(855) 282-1006

Region V-Hampton/Newport News-(855) 807-8278

What Services Do Our Regional Crisis Providers Offer? Crisis Therapeutic Home (REACH Only)

<u>Defined</u>: REACH programs admit persons to the CTH for stabilization of a crisis, a planned prevention, or as a step-down from a state hospital/ training center/jail. The therapeutic techniques utilized at the CTH are designed to support individuals in crisis or post crisis (prevention and step-down) and thus the CTH environment is designed around these supports rather than an environment associated with a long term residence.

<u>Purpose</u>: The CTH can provide in depth assessments, a change in setting to allow for stabilization, and a highly structured and supportive environment to improve coping skills and work on other goals that aide in stabilizing the current crisis or prevent future occurrence.

Service Length: Adults: 15-30 days; Youth: 8-15 days (but can vary due to individual need/clinical necessity)

- CTHs provide short-term, 24/7, residential crisis stabilization and brief intervention services. The service supports the following individuals:
- -Individuals experiencing changes in behavior noted by impairment or decompensation in functioning that may result in the need of a higher level of care.
- -Individuals stepping down from a higher level of care that need continued monitoring, stabilization and mobilization of resources.
- -Individuals who need a safe environment for assessment, stabilization, and prevention of further escalation or decompensation.
- The goals of Residential Crisis Stabilization Unit services are as follows but are not limited to:
- 1) stabilize the individual in a community-based setting and support the individual and natural support system;
- Reduction of acute symptoms; and
- 3) Identification and mobilization of available resources including support networks.

Mental Health Emergency

- Acting on a suicide threat
- Homicidal or threatening behavior
- Self- injury needing immediate medical attention
- Severely impaired by drugs or alcohol
- Highly erratic, unusual, unpredictable behavior
- Inability to care for themselves impaired judgment

Mental Health Crisis

- Talking about suicide or harm to others
- Displaying threatening behavior
- Self- injury, but not needing immediate medical attention
- Alcohol or substance abuse
- Not taking their prescribed psychiatric medications
- Emotionally distraught, very depressed, angry or anxious

Mental Health Emergency Services

Mental Health Emergency Services

24 hours a day, 7 days a week, 365 days a year for individuals experiencing a wide range of mental health emergencies.

Crisis intervention

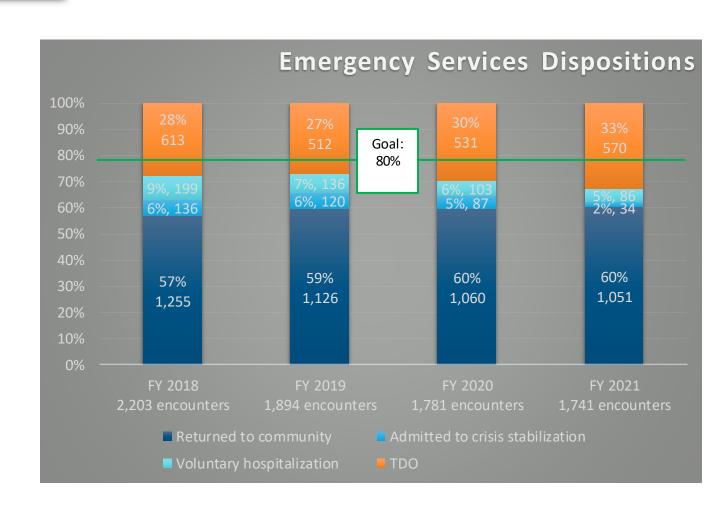
Assessment

Referral

Involuntary hospitalization

Consultation

Supportive counseling



Emergency Services



- Provides rapid assessment, intervention, and stabilization for mental health emergencies and crises.
- Collaborates with regional partners (CR2, REACH) to coordinate needed services for youth, families and individuals with developmental disabilities.
- Services offered include brief, supportive counseling, co-developing a safety plan for those at risk, crisis intervention and stabilization, referral, peer support, and hospitalization.

Is There a Cost for Emergency Services?

Yes-

- Emergency Services will bill Medicaid.
- Individuals, with other insurance or no insurance, will be billed according to the CSB sliding scale.

Who Do We Serve?

Individuals experiencing a Mental Health emergency

Acting on a suicide threat

 Homicidal or threatening behavior Self- injury needing immediate medical attention

Services are available to any Arlington County resident or anyone in Arlington experiencing a psychiatric emergency.

Severely impaired by drugs or alcohol

 Highly erratic, unusual, unpredictable behavior Inability to care for themselves – impaired judgment

Emergency Custody Order Criteria

Issued by magistrate when there is:

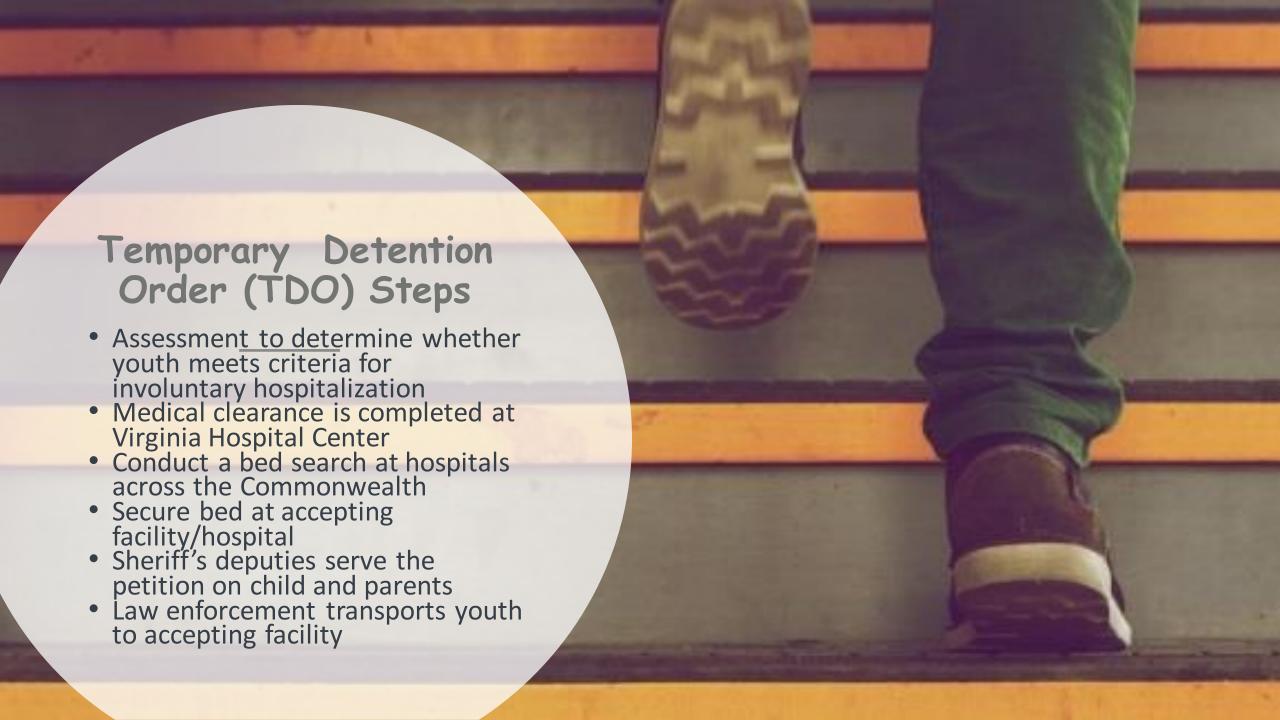
- Probable cause to believe that person is in imminent danger to self or others
- Substantially unable to care for self, judgement is impaired, and/or
- Need of hospitalization or treatment, and client is unwilling/unable to accept treatment voluntarily.



Emergency Custody Order: Reminders

- The person remains in custody until a temporary detention order (TDO) is issued or until the person is released.
- <u>Cannot</u> exceed eight (8) hours State facility.
- If not implemented within eight hours of its issuance void and return order to the Magistrate.







Continuum of Care

Contact Us!







Call Us **24/7**

REGIONAL CRISIS CALL CENTER AND TEXTLINE, AVAILABLE 24/7

CALL 703-527-4077

TEXT CONNECT TO 85511

REGIONAL MOBILE CRISIS RESPONSE: 24/7 RESPONSE TO INDIVIDUALS IN THE COMMUNITY

COMMUNITY REGIONAL CRISIS RESPONSE (CR2), CALL 844-627-4747

REGIONAL EDUCATION, ASSESSMENT, CRISIS SERVICES, HABILITATION (REACH), CALL 855-897-8278