Leveraging Crisis Clinics to Prevent Violence within Your Community

Friday, July 22, 1:45 PM – 3:00 PM | Location: Colorado B | Level 3

WiFi Network: Celerium4Counties
Passcode: Networkdefender!
The Smith Family Behavioral Health Urgent Care will provide immediate, walk-in access to mental health and substance use disorder services. The facility will support immediate needs and connect individuals to ongoing community resources.

**Services:**
- Rapid assessment/Diagnostic screening
- Short-term evaluation, stabilization and referral
- Medication evaluation, start and referral
- Brief Crisis Counseling
- Referral Mental Health and Substance Abuse Outpatient Treatment
- Peer Support Coordination with other community resources
- Discharge planning and referral to community-based providers and other resources for follow-up care
- Will serve individuals ages 4 years of age and older
- Facility will operate 24/7/365
- Operated by Daymark Recovery Services
- Serve individuals 4 years of age and older
Leveraging crisis clinics to prevent violence in your community

NACo 2022
1:45 – 3:00 pm
Learning Outcomes

• Understand SAMHSA’s best practice components for crisis prevention and intervention

• Understand the role that crisis clinics can play regarding violence prevention

• Discuss funding sources, staffing methodology, contractual relationships, and service-delivery and how to implemented locally
Refer to your checklist
Key Stakeholders

- ED
- Public Health
- Academia
- Violence prevention organizations (including DV)
- **988 integration**
- Social Services
- Court (diversion programs)
- VA
- Schools
- Neighboring counties (MOU)
- Police
- Fire/EMT
- Dispatch
- Lived experience
- Caregivers
- Mobile Crisis Teams
- Victims Services
- Corrections
SAMHSA Best Practice Toolkit:
anyone, anywhere, anytime

3 core elements to a crisis clinic:

• A physical location
• Mobile Crisis response teams
• Integrated dispatch
Violence prevention: centralized strategy

• Trauma-informed practices
• Reduce violence *and* promote wellbeing
• Lead a multi-sector approach
  • Mobile: not bound by geography or scope
  • Access to LE, corrections, dispatch and fire data
• Psychological first aid rendered immediately following violent incident
Mobile Crisis Teams

- Referral, response or hybrid model
- Training
  - Cross-training with LE, Dispatch and Fire
- Success stories
  - Qualitative and quantitative
Recruitment and Retention

• Trained on violence prevention
  • Suicidal *and* homicidal ideation
• Training on deploying with LE?
  • Who provided this instruction?
• Burnout (prevention)
  • New, high-risk environment
  • Stress debriefing
  • Peer support
  • Continuing Education
    • Relevant

• Safety
  • Behavioral emergency drills
  • Community safety
  • Equipment
Consequences of an untrained workforce in this field

- Professional Development in forensic mental health is sparse
  - MHPs are required to maintain licensure
- MHPs are learning on the job from non-SMEs, core competencies unknown
- Street-level work is vastly different than hospital or clinic-based work
- An overall lack of awareness of the field combined with few career advancement opportunities create recruitment and retention challenges

- An untrained workforce compromises safety
- Inadvertently violate a subject’s civil rights or evidence-tainting
- Lack of cross-training leads to role confusion
- Buy-in challenges with first responders
Measuring Success

diversion programs:
alternative setting vs. if you build it...
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