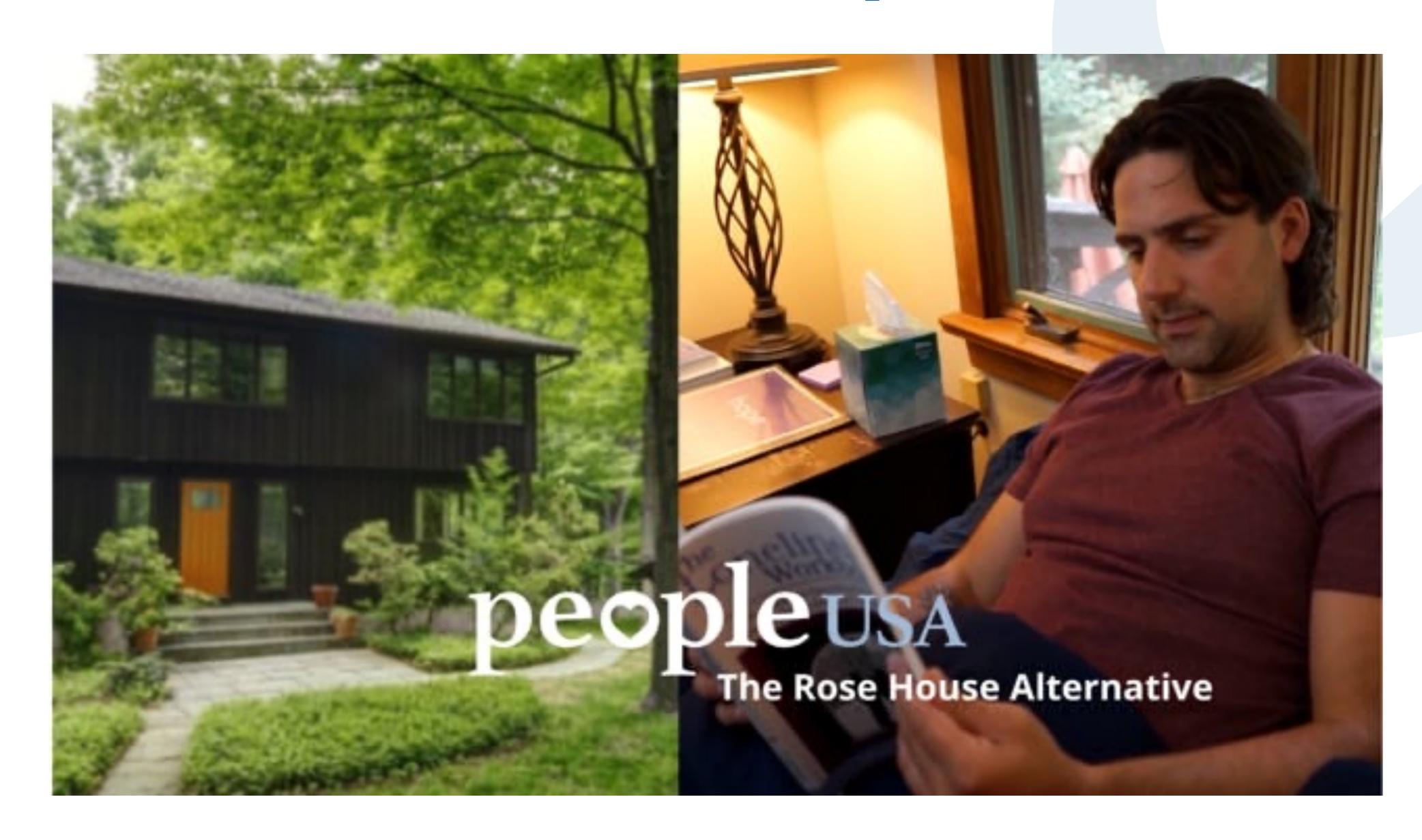
People USA Rose House Model

Crisis Respites: Benefiting People and Communities Across the United States & Europe



The Rose House Experience



What is a Crisis Stabilization Center? Center? Introduction to a Central Receiving Center Concept

- 24/7/365 full-service walk-in community crisis response hubs
- A place where people of all ages adults, children, adolescents, and families/supports – can connect immediately with an array of health care professionals (multidisciplinary staff) and local providers (co-located at the center or routinely visiting)
- Designed to address any mental health, addiction, or social determinant of health needs.
- 100% voluntary people can walk in on their own or be brought by law enforcement / emergency service personnel on crisis intervention calls.
- Guests can stay up to 23:59.

Why People Use Crisis Stabilization Centers

Introduction to a Central Receiving Center Concept

- Adults, children, and families/supports use the Crisis Stabilization Centers when they are experiencing a 'crisis' – overwhelming feelings of emotional distress — for any of the following reasons:
 - Acute Psychiatric Symptoms
 - Suicidal Thoughts
 - Adverse Behaviors / Life
 Patterns
 - Trauma & PTSD
 - Addiction / Substance Use Disorder
 - Intoxication (sobering space available)

- Living with Chronic Health Issues
- Strained Relationships (with family, friends, co-workers etc.)
 - Social Isolation
- Poverty & Economic Stress

Project Goals

Objectives

The goals of a Crisis Stabilization Center would be to:

- Significantly reduce preventable hospital ER visits, inpatient admissions, and readmissions
- Safely reduce criminal justice involvement due to under-addressed behavioral health issues
- Improve customer care experiences (for adults, children, and families)
- Achieve better health & wellness / quality of life outcomes (tracking people over time)
- Reduce overall healthcare spending / public costs (through hospital & jail diversion)
- Create a total crisis continuum of care that works better for the community
- Create a more welcoming gateway to the community's broader health, human, and social services system

Services

- Triage, Screening, and Assessment
 - Basic Information
 - Motivational / Trauma-Informed Exchanges
 - Screenings & Assessments
 - Level of Care
 - Brief Treatment History
 - Current Service Providers
 - Health Information

Note: Utilize information gathered from Assessments to build a brief INDIVIDUAL SERVICE PLAN – in full collaboration with the adult, child, adolescent, or family (when applicable) – to guide the delivery of services at the Center.

Screenings & Assessments

- Mental Health Issues & Severity
- Suicide Risks
- Addiction Issues & Severity (incl. Overdose Risks)
- Withdrawal Risks
- Intoxication Levels
- Trauma
- Medical Issues & Severity
- Violence Risks
- Social Determinants of Health
- Eight Dimensions of Wellness

- Therapeutic Interventions
 - Cognitive-Behavioral Crisis Counseling (CBT/DBT)
 - Crisis De-Escalation
 - Relaxation & Stress Reduction Techniques
 - Health & Wellness Literacy Psychoeducation
 - Health Literacy
 - Whole Health / Wellness

- Peer Support
 - Peer Support
 - Mutuality of Shared Lived Experiences / Immediate Connection
 - Motivational / Trauma-Informed Engagement / Underlying Issues / Root Causes of Crisis
 - Recovery & Wellness Education
 - Health & Wellness Self-Management Skills Education: Chronic Disease Self-Management | Whole Health Action Management (WHAM)

- Care Collaboration with a Recipient's Identified Collaterals / Supports / Providers
 - Communication & Collaboration
 - Individual Service Planning / Transition (Discharge) Planning
 - IDEAL Discharge Planning Model (Inclusion, Discussion, Education, Assessment, Listening)

- Discharge, Aftercare Planning, and Follow-Up
 - Transition (Discharge) Planning
 - Safety & Wellness Planning
 - Direct Linakges / Direct Connections
 - Advocacy
 - Care Management | Peer Services
 - Regular Ongoing Contact in partnership with Mobile Teams
 - Empowerment

More Intensive Services

- Psychosocial Assessment
- Psychiatric Diagnostic Evaluation and Plan
- Medication Therapy Psychotropic / MAT (SUD)
- Medication Administration, Monitoring, and Management / Training
- Mild to Moderate Detoxification Services

A Trauma-Informed Eagirgament

- The overall environment – exterior and interior – should look and feel hotel/home-like, and not institutional or medical in nature.
- The goal is to provide the guest with a more comfortable, dignified, and healing environment than a hospital setting.

Dutchess County Stabilization Center in Poughkeepsie, NY peopleusa



Space Needed

Facilities

- RECEPTION AREA / LOBBY
- TRIAGE & SCREENING ROOMS
- PERSONAL CARE SPACES / COMFORT ROOMS (10 ROOMS)
- MEDICAL EXAMINATION ROOMS IF more Intensive Level
- DETOX AREAS (2 AREAS) IF more Intensive Level
- STAFF OFFICES / OUTSIDE PROVIDER SPACES
- LOUNGE AREAS WITH KITCHEN SPACES
- GROUP ROOMS
- BATHROOMS WITH SHOWERS
- LAUNDRY ROOMS

Note: There should be separate areas – with no co-mingling – for (a) adults, and (b) children and and families/supports

Who works at a Crisis Stabilization Center?

- Program Director (LCSW)
- Licensed Clinical Counselors (LMSWs or LMHCs)
- Peer Specialists
- Credentialed Addiction Counselors (CASACS)
- Registered Nurses (RNs)
- Psychiatric Nurse Practitioner (Psych. NP)
- Per-Diem Staff Pool for PTO Fill-in: Calculated @ 10% of Direct Service FTE above
- Admin Assist. / Medical Biller / Reception

What do we Measure?

Evaluation

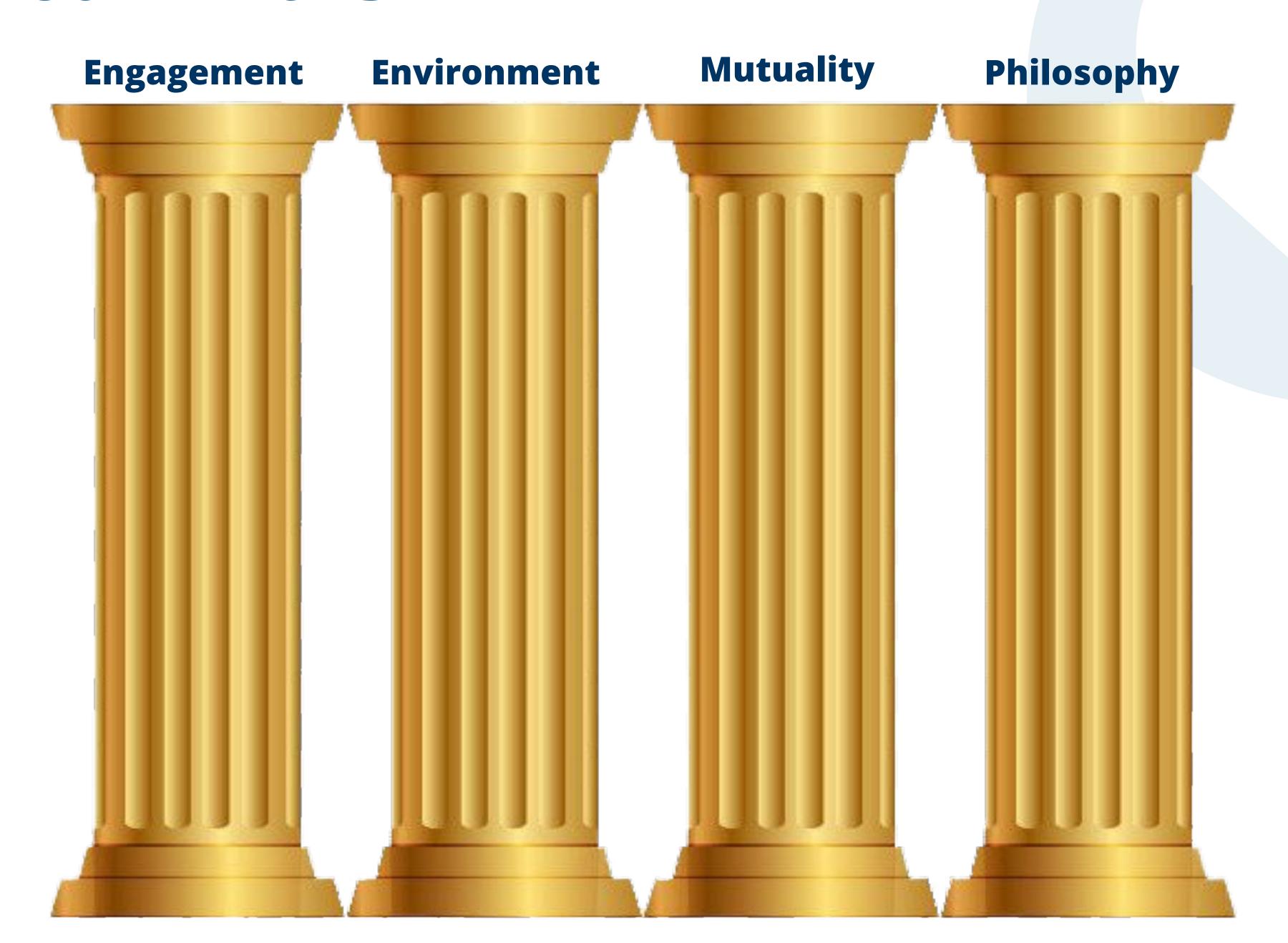
- Utilization Data
- Improved Whole Health
- Reduced Hospital Utilization
- Reduced Criminal Justice Involvement
- Customer Satisfaction
- HEDIS Measures: (e.g. 7/30 day Outpatient Follow-ups | Access to Primary Care)

Massive Cost Savings

Budget

DUTCHESS COUNTY SUPPORTIVE CRISIS STABILIZATION CENTER					
TOTAL GUEST CAPACITY: 24 Guests/Day	YEAR 1: 50% UTILIZATION	YEAR 2: 65% UTILIZATION	YEAR 3: 85% UTILIZATION	YEAR 4: 85% UTILIZATION	YEAR 5: 85% UTILIZATION
TOTAL TRADITIONAL COSTS OF CARE 80% ER AVOIDANCE 20% INPATIENT AVOIDANCE 7% JAIL DIVERSION	\$11,494,786.44	\$15,391,519.05	\$20,731,192.20	\$21,353,127.96	\$21,993,721.80
TOTAL EXPENSES	2,583,648.96	3,025,634.76	3,407,125.26	3,509,845.92	3,615,630.50
TOTAL SAVINGS	\$8,911,137.48	\$12,365,884.29	\$17,324,066.94	\$17,843,282.04	\$18,378,091.30

The Four Pillars



Engagement

- People feel welcomed.
- Communication is person-centered.
- We value people's stories and validate their experiences.
- People receive proper orientation.
- Expectations are clear.
- Expectations are met with follow-through.
- We value our relationships with people.
- People feel respected.

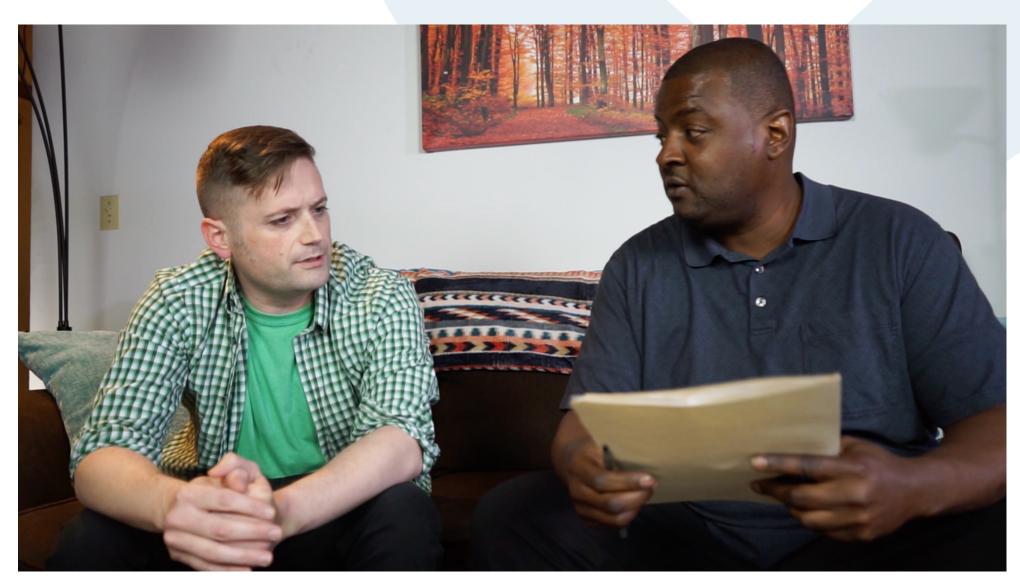


Environment

- People can express their thoughts and feelings freely without being judged or rushed.
- People's personal boundaries are recognized and respected.
- The environment is comfortable, allowing for mindfulness.
- The environment is healthy and hygienic.
- People have privacy when they need it.
- We embody openness and inclusion whenever privacy is not needed.
- People can find help anywhere there are no wrong doors.
- We reach beyond our immediate boundaries, breaking down unnecessary silos.
- People feel a sense of ownership of the environment and our operations.

Mutuality

- People can express their thoughts and feelings freely without being judged or rushed. (can't be overstated)
- People feel understood when they communicate.
- People feel a strong connection based on the common elements of our stories as peers.
- We meet people where they're at culturally, in the context of their values, beliefs, and practices.
- We trust others as the experts on themselves.
- We all share in a vision and culture of hope, recovery, and wellness.



Philosophy

- We have positive expectations for people's recovery.
- We show people that recovery is real and can happen for them if they're committed to the process and have the right supports.
- Recovery is self-defined, with people determining their own goals and plans for themselves.
- We recognize that people's recovery journeys are more circular than linear, with overlaps and cycles that are useful as learning opportunities.
- Recovery encompasses whole health or all the dimensions of a person's wellness.
- People have access to the education and information they need to make intelligent choices about their recovery & wellness.
- People are self-determined and make decisions based on their own wants and needs.
- People become their own best advocates.

HOPE

- a. Show/Exhibit genuine regard for the person and their experiences.
- b. Be physically engaged and listening
- c. Share their own personal stories of hope
- d. Share that they are not alone, and others have shared similar situations and feelings.

Resiliency

- a. Appreciating vulnerabilities from their experiences and celebrating the strength they have demonstrated
- b. Pointing out strength-based observations despite experiencing a crisis situation
- c. Affirming a positive direction
- d. Bounce back when faced with people who are discouraged or upset
- e. Think of crisis differently

Respect

- a. Give individuals personal space
- b. Give people uninterrupted time to tell their story (speak without interruption).
- c. Being transparent and sharing what the roles and responsibilities are of the Peer Specialist and the person experiencing crisis
- d. Believe in the power of the individual to solve their own problems and provide the support and guidance when needed

Specificity

- a. Ensuring transparency in all aspects of their support during crisis intervention
- b. Provide grounding details to orient a person which can include date, time, location, etc.
- c. Explain clear expectation and acknowledge understanding of the request
- d. Explain what the expectations are of the Peer Specialist staff as well, "what you can expect from me as I support you during a crisis."
- e. Always check in with the person to ensure that he/she/they understand or is understood.

Empathy

- a. Show understanding of what a person is feeling in a non-judgmental way
- b. Ask permission to share your story before doing so
- c. Being clear that services are designed to address crises that may not feel comfortable at times.
- d. Ensure safety for all

Positive Expectations

- a. Greeting a person in crisis with a warm smile, introducing yourself by name and asking how the person prefers to be referred to. It can be as simple as asking, "Is it ok if I call you_____?"
- b. Greeting everyone the same way, "Welcome I'm Steve . How can I be of a support to you?"
- c. Letting someone know that you are appreciative of their willingness to work with you.
- d. Recovery/Wellness is always mentioned/discussed or explored during interactions with a guest.

Integrity

- a. Always follow through on what is promised through the service intervention
- b. Follow through in a timely manner
- c. Accept criticism(s) and address it immediately
- d. Deliver the service in a way it was designed for every time. (Fidelity)
- e. Establish and adhere to personal boundaries respectfully
- f. If the concept of personal boundaries is not clear, talk about it openly when they are ready to. Consider role play to give examples of healthy and unhealthy boundaries.

Thank you

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Ext 214

THANK YOU!