CRISIS NOW — Core Principles and Practices

Essential Principles & Practices

1. Recovery Oriented

A traditional model views crisis as a reflection of "something wrong" with an individual. A recovery-oriented approach to crisis care views crisis as a challenge that presents an opportunity for growth. Implementing a recovery-oriented approach includes the following guidelines:

- Commit to a no-force-first approach to quality improvement in care that is characterized by engagement and collaboration.
- Create engaging and supportive environments that are as free of barriers as possible.
- Ensure team members engage individuals in the care process during a crisis. Communicate clearly regarding all options and offer materials regarding the process in writing and in the individual's preferred language whenever possible.
- Ask the individual in crisis about their preferences and align actions to those preferences when possible.
- Help ensure natural supports and personal attendants are part of the planning team.
- Work to convert those with an involuntary commitment to voluntary to encourage investment in their own recovery.

2. Significant Role for Peers

Peers are considered core members of the crisis services team across the crisis care continuum. Use of peers supports engagement and peers are well situated to offer hope and model improvement and wellness in a time of crisis. Implementation guidance is as follows:

- Hire credentialed peers with lived experience that reflect he characteristics of the community served as much as possible. Peers should be hired with attention to common characteristics such as gender, race primary language, ethnicity, religion, veteran status, lived experiences and age.
- Develop support and supervision that aligns with the needs of your program's team members.
- Emphasize engagement as a fundamental pillar of care that includes peers as a vital part of a crisis program's service delivery system. This should include (1) integrating peers within available crisis line operations, (2) having peers serve as one of two mobile team members and (3) ensuring a peer is one of the first individuals to greet a person in crisis admitted to a crisis observation and stabilization facility.

3. Trauma-Informed Care

SAMHSA's guiding principles for trauma-informed care include: Safety; trustworthiness and transparency; peer support and mutual self-help; collaboration and mutuality; empowerment, voice and choice; and ensuring cultural historical and gender considerations inform the care provided. For more information: https://www.integration.samhsa.gov/clinical-practice/SAMSA_TIP_Trauma.pdf

Developing and maintaining a healthy environment also requires support for staff who may have experienced trauma themselves.

Implementation guidance for trauma-informed care in crisis settings includes:

- Incorporate trauma-informed are training into each team member's new employee orientation with refreshers delivered as needed.
- Apply assessment tools that evaluate the level of trauma experienced by the individuals served and create action steps based on those assessments.

To read more about this framework, and efforts to improve behavioral health crisis response in Alaska, visit: crisisnow.com and alaskamentalhealthtrust.org/crisisnow

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✔ 4. Zero Suicide/Suicide Safer Care

Zero Suicide or Suicide Safer Care is a set of evidence-based actions developed by the National Action Alliance for Suicide Prevention, with an implementation toolkit developed by the Suicide Prevention Resource Center. The seven key elements of Zero Suicide or Suicide Safer Care are:

1. Leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care, that includes survivors of suicide attempts and suicide loss in leadership and planning roles;

2. Developing a competent, confident, and caring workforce;

3. Systematically identifying and assessing suicide risk among people receiving care;

4. Ensuring every individual has a pathway to care that is both timely and adequate to meet his or her needs and includes collaborative safety planning and a reduction in access to lethal means;

5. Using effective, evidence-based treatments that directly target suicidal thoughts and behaviors;

6. Providing continuous contact and support; especially after acute care; and

7. Applying a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk.

For more information, visit: http://zerosuicide.sprc.org/about

Implementation guidance includes:

- Incorporate suicide risk screening, assessment and planning into the new employee orientation for all team members.

- Mandate completion of Applied Suicide Intervention Services Training (ASIST) or similar training by all team members.

- Incorporate suicide risk screening, assessment and planning into the crisis provider's practices.

- Automate the suicide risk screening, assessment and planning process and associated escalation processes within the electronic medical record of the crisis provider.

- Commit to a goal of Zero Suicide as a state and as a crisis system of care.

✔ 5. Safety and Security for Staff and People in Crisis

People in crisis may present an elevated risk for violence. Ensuring appropriate training, staff ratios and an environment that is welcoming while also supporting safety are all key elements of safety and security in crisis settings. Implementation guidance includes:

- Commit to a no-force-first approach to care.

- Monitor, report and review all incidents of seclusion and restraint with the goal of minimizing the use of these interventions.

- Remember that barriers do not equal safety. The key to safety is engagement and empowerment of the individual served while in crisis.

- Offer enough space in the physical environment to meet the needs of the population served. A lack of space can elevate anxiety for all.

- Incorporate quiet spaces into your crisis facility for those who would benefit from time away from the milieu of the main stabilization area.

- Engage your team members and those you serve in discussions regarding how to enhance safety within the crisis program.

✔ 6. Crisis Response Partnerships

Strong partnerships between crisis service providers and law enforcement, dispatch and Emergency Medical Services are critical to a comprehensive crisis system. Implementation guidance includes:

- Have local crisis providers actively participate in CIT training or related mental health crisis management training sessions.

- Incorporate regular meetings between law enforcement and crisis providers, including EMS and dispatch, into the schedule so these partners can work to continuously improve their practices.

- Include training on crisis provider and law enforcement partnerships in the training for both partner groups.

- Share aggregate outcomes data such as numbers served, percentage stabilized and returned to the community and connections to ongoing care.

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Sources: SAMHSA, National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit Rockville, MD: 2020.

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