

National Center for Trauma-Informed Care and Alternatives to Restraint and Seclusion
(NCTIC)

**Webinar: Implementing the Trauma-Informed Principle of Safety
in a Crisis Service Setting** (the first in a 6-part series on *Trauma-Informed
Innovations in Crisis Services*)

April 24, 2017 ~ 3:00-4:00 PM (EDT)

URL: <https://nasmhpd.adobeconnect.com/crisisvln/>.

Telephone: 1-888-727-2247

Conference ID: 9452092#

The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC) is pleased to announce the first webinar in a 6-part series: ***“Trauma-Informed Innovations in Crisis Services”: “Implementing the Trauma-Informed Principle of Safety in a Crisis Service Setting”***.

Safety: Common Ground

Monday, April 24, 3-4 pm ET

This webinar will include a brief introduction by SAMHSA's National Center for Trauma-Informed Care (NCTIC) staff to SAMHSA's six principles of a trauma-informed approach. Following the introduction, Heather Rae from Common Ground, located in Oakland County, Michigan will present on how they promote **Safety** in a crisis services setting. Common Ground provides a lifeline for individuals and families in crisis, victims of crime, persons with mental illness, people trying to cope with critical situations and runaway and homeless youths. It was intentionally designed as a trauma-informed crisis services program.

Presenters

Joan Gillece

Dr. Gillece has thirty-five years of experience working in the behavioral health field with twenty dedicated to trauma and eleven in prevention of seclusion and restraint. Dr. Gillece works across agencies to promote the use of trauma-

informed care in multiple settings including mental health, substance abuse, adult and juvenile justice and homeless services.

Prior to joining the National Association of State Mental Health Program Directors (NASMHPD), Dr. Gillece served as Director of Special Populations for Maryland's Mental Hygiene Administration where her responsibilities included all aspects of state mental health planning and delivery of services and development of collaboration across agencies serving individuals with psychiatric diagnoses. As current project director for SAMHSA's National Center for Trauma-Informed Care (NCTIC), she has championed the cause of full consumer integration and development of culturally competent programs. Including survivors in all aspects of trauma work, Dr. Gillece has coordinated and provided technical assistance, conference presentations, and consultations to multiple systems across the country. Commitment to strength-based support by implementing trauma-informed values with the overarching theme of healing has been her focus.

Raul Almazar

Mr. Almazar has many years of experience as direct care provider, administrator, organizational and clinical consultant, trainer, and speaker. He currently serves as the Senior Public Health Advisor for the National Association of State Mental Health Program Directors' Center for Innovations in Trauma-Informed Approaches. He continues to serve as the Training and Technical Assistance Lead for the SAMHSA's National Center for Trauma Informed Care and Promoting Alternatives to Restraint and Seclusion.

Mr. Almazar has recently been involved in facilitating learning communities in the States of Ohio and Missouri, and the City of Baltimore where the community engages in a year-long project of healing and developing community resilience. Prior to working as full-time consultant in 2009, he served as Deputy Director for the State of Illinois Division of Mental Health where he was charged to facilitate an organizational culture shift in all 10 State-operated facilities towards person-centered, trauma-informed, recovery-promoting, non-coercive treatment settings. He provides consultation, training and technical assistance to organizations in the areas of leadership, workforce development, consumer empowerment, organizational planning and changing organizational cultures to effect systems transformation towards development of non-coercive, trauma-informed treatments. He has expertise working with youth and adult service settings, institutional and community-based, publicly and privately – funded programs across service systems.

Heather Rae

Heather Rae is the Chief Executive Officer of Common Ground. She was formally the Vice President of Programs and Services and was responsible for the administration and clinical oversight of the agency's crisis programs. Heather led Common Ground's programmatic design of their community crisis center, which is home to the mobile team and where over 80,000 people call,

text, computer chat, or walk-in for crisis services. Common Ground provides services in 2 Michigan counties. Heather holds a Bachelor of Science degree in Applied Behavioral Analysis, and a Master of Arts in Clinical and Humanistic Psychology. She has over 25 years of experience in a variety of clinical and administrative positions, both in the public and private sectors.

About the Series

The series will run from April – September 2017 on the 4th Monday of each month, from 3:00-4:00 PM (EDT) and will highlight the innovative work of crisis service providers employing a trauma-informed approach, including prevention, engagement, and inclusion of lived experience and peer support. Each 60-minute webinar will focus on how an agency implements one of the principles from [SAMHSA's Concept and Guidance for a Trauma-Informed Approach](#): Safety, Trustworthiness and Transparency, Peer Support, Collaboration and Mutuality, Empowerment, Voice and Choice, and Cultural, Historical, and Gender Issues. After the provider presentations, a moderated Q&A will follow. Intended audiences for this webinar series include: state mental health authorities, providers of crisis prevention and intervention services, as well as peers, families, and community members.

According to SAMHSA's publication: [Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies](#), "National statistics attest to the significant need for crisis services. In 2010, 2.2 million hospitalizations and 5.3 million emergency department visits involved a diagnosis related to a mental health condition. Not everyone will experience a need for crisis services but some factors may increase the risk of crisis such as poverty, unstable housing, coexisting substance use, and other physical health problems. The research base on the effectiveness of crisis service has been growing, with evidence that crisis stabilization, community-based short-term crisis care, peer crisis services, and mobile crisis services can divert people from unnecessary hospitalizations and insure the least restrictive treatment option. A continuum of crisis services can assist in reducing costs and address the problem that lead to the crisis. The primary goal of these services is to stabilize and improve symptoms of distress and engage people in the most appropriate treatment.

In response to these trends and statistics, more and more states/organizations have developed innovative crisis services/teams through the implementation of SAMHSA's Trauma-Informed Approaches. Crisis Services/Supports may include: short-term crisis residential programs, crisis stabilization programs (i.e., community-based, ER, psychiatric ER), peer-run and other crisis respite programs, comprehensive psychiatric emergency response centers, emergency response recovery/detox programs, mobile crisis outreach programs.

Upcoming Webinars in the Series

Empowerment, Voice and Choice: Pierce County Recovery Response Center

Monday, May 22, 3:00 - 4:00 PM EDT

Heather Marsh from the Pierce County Recovery Response Center, located in Washington state, will share how they create opportunities and environments that empower people to recover in a time of crisis. Their wellness-based approach is person centered and driven by the individual's hopes and dreams. Their 16-bed facility hosts private rooms for individuals in need of support when faced with a mental health and or substance use crisis. The agency supports the "no-force-first" modality in their engagement opportunities that range from a 23-hours stay up to 14 days. Their support staff consists of a team of psychiatrists, nurses, mental health professionals, individuals that specialize in resources management and peer support specialists. For more information, visit: <https://riinternational.com/our-services/washington/pierce-county-recovery-response-center-rrc/>

Peer Support: Freise Hope House

Monday, June 26, 3:00 - 4:00 PM EDT

Rebecca Olivier will present Crestwood Behavioral Health's Freise HOPE (Helping Others through Peer Empowerment) House approach to crisis services. Freise Hope House is a short-term, voluntary, mental health Crisis Residential Treatment Program (CRT) in Bakersfield, CA that welcomes guests into a warm, homelike environment. In this program, guests are provided a short-term safe place to land for during a psychiatric crisis. Guests are also engaged using a variety of recovery-based tools such as Dialectical Behavior Therapy (DBT), Wellness Recovery Action Plans (WRAP) and trauma-informed approaches to help them to manage their symptoms and develop skills to live effectively in the community. The treatment team is comprised entirely of people with lived experience, who are trained and certified peer providers. For more information, visit: <http://crestwoodbehavioralhealth.com/location/bakersfield-friese-hope-house/>

Collaboration and Mutuality: Harbel Community Organization

Monday, July 24, 3:00 - 4:00 PM EDT

Jihad Ali and William Miller from the Harbel Community Services organization will discuss the essential roles they play in the community organization. Harbel provides recovery services, and what is unique about their approach is their use of collaborative relationships with a wide range of community partners.

Harbel employs persons with lived experience in all aspects of service delivery. A critical role includes outreach and support to individuals struggling with opiate addiction. Peer workers are trained to carry and administer Naloxone to revive individuals who have overdosed and offer recovery, trauma informed services immediately, thus helping to address the opioid epidemic. For more information, visit: <http://www.harbel.org>

Cultural, Historical, and Gender Issues: The Ali Forney Center

Monday, August 28, 3:00 - 4:00 PM EDT

This webinar will feature insights from staff at the Ali Forney Center (AFC) in New York, NY, the largest program dedicated to meeting the needs of LGBTQ homeless youth in the nation. AFC provides a comprehensive range of services to LGBTQ homeless and street-based youth, including a drop-in center, mobile outreach, and emergency housing. Their Peer Educator program was created based on the recognition that homeless youth are most likely to trust outreach workers who have been formerly homeless themselves. In addition, their community outreach program is designed to help mental health providers to serve LGBTQ youth in a more culturally-competent manner. For more information, visit: <http://www.aliforneycenter.org>

Trustworthiness and Transparency: Baltimore Police Department

Monday, September 25, 3:00 - 4:00 PM EDT

Sergeant Joanne Wallace, Crisis Intervention Team Coordinator for the Baltimore Police Department, will discuss an innovative approach to crisis prevention and intervention in the City of Baltimore. Sgt. Wallace and her partner provide support to homeless individuals, including helping them to secure needed medical, behavioral and other services to prevent crisis and enhance adherence. They will expound on their creative, unique, and inspiring approaches to engaging people who are homeless, understanding the very complicated homeless community communication network, and maintaining trust within these networks; and their work with the Recovery Network and Baltimore Crisis Response when acute crisis services or immediate access to recovery support is necessary.