Stabilization Center Programming

SUMMARY:

- Well-trained and well-compensated staff, who understand how to meet the needs of individuals with multiple needs
- Separate points of entry and intake for individuals entering with different needs
- Consider social determinants of health beyond just behavioral health treatment
- Provide thorough discharge with scheduled appointments, coordination with other providers, and transportation as needed

What does it mean to you for the Stabilization Center to promote safety and trauma informed care?

- Physical Space – not crowded, quiet room, options for weighted blankets, comforting and inviting, low and indirect lighting, non-institutionalized feel, non-coercive
- Separate, anonymous entrance for those in acute crisis
- Staff are empathetic, patient, sympathetic
- Access to basic housing resources
- Provide entertainment
- Non-pressure on disclosure
- Possibilities for clients to return
- Create a space where people want to be there and stay no matter how they were taken there (ex: via police custody)
- Staff and project team know what the patient rights are
- Understanding the difference between "what's wrong with you and what happened to you" kind of questions
- Staff knowledge of dual diagnosis and traumatic brain injury
- Noninstitutional appearance – homey not hospital – inviting, snacks, water, plants;
- Second entrance for EPD or CAHOOTS (uniformed people) with involuntary hold totally separate
- Trauma informed care staff should be well paid
- Person walking in needs to know they have a choice to stay
- Staff should have lived experience and use trauma informed care practices (i.e. keeping the intake confidential)
- Transportation needs to be a higher level of care than Ridesource
- Need a way to quickly transfer people to higher level of care (example drug induced psychosis) and not have to wait for CAHOOTS, Ridesource or EPD
- Provider considerations
    - Appropriately staffed with experience crisis workers
    - Providers who are calm, reassuring, able to provide continuous engagement

    - Continuity of provider- having one staff person to help navigate the intake and treatment process (like a guide)
    - Not having to tell story repeatedly
    - Non-coercive, service users are asked what they want
- Explanation of post care services, can folks return to the center?
- Staff knowledge of TIC principles, and how trauma impacts the brain/body
- Ability to work with dual diagnosis patients, not forcing detox or abstinence though
- Promote safety for clients and staff
    - Not needing outside emergency services
- Proper staff training
- Not taxing already taxed emergency services
- Trauma friendly environment
- TIC should be thematic, not programmatic
    - TIC is informing the design/layout of the space, every aspect of experience
- Clients not in the spotlight for intake or discharge
    - Having a private place

What are the two most important services you would hope to receive from the Stabilization Center?

- Services that are individualized for each person
- Peer support options
- Housing
- Inpatient SUDS services
- Connection community resources that is robust and meaningful
    - The reach out has been made, receiving provider knows the name of the referral.
- Medical care
- Medication
- Therapy
- Addiction treatment or services
- Non-linear, non-traditional therapies
    - Art, music, movement/dance
- Peer Support Services
- Health Coverage application service

Describe elements of a friendly and effective intake and discharge process.

- Dual diagnosis and co-occurring disorders make intake more complex, staff need specific training
- Public intake and separate intake for emergency services
- Return transport options for people who live in distant locations

- Staff that is properly trained and paid that can manage multiple intakes at once
- Non-triggering building design with clear sightlines
- Intake considerations before someone even enters the door– what would make someone want to come in? Need safe parking that is well-lit and easy to access, security presence, immediate acknowledgement by staff, warm impression upon arrival, tight follow up after discharge – if clients need counseling or medication arrange a meet-and-greet with the provider
- 24-hour access to prescribers, all-inclusive, case conferencing needs to be immediate, referral alone is not enough – make appointments for the future
- Complexity of I/DD with intake
    - Staff understand those nuances for treatment
- Public intake with separate intake for emergency services
- Return transportation option for people coming from farther away communities
- Properly trained staff who can multitask on intake work
    - Complete multiple intakes at once

- Staff greeting people in parking lot
- Warm, natural light, clear signage
- Trauma Informed intake, giving people time before intake
    - Grab a snack, wash up, calm down
- A more naturalistic, interview style intake
- Intake: all inclusive, with comprehensive team similar to ACT
- MOUs with other service providers