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Mobile Crisis Team helping to bridge gaps of treatment

NRVCS Mobile Crisis Team: (from left) Lisa Buonomano, Mobile Crisis Team (MCT) Supervisor; Beth Bailey, Intensive Services Clinician; Erica Sterling, Intensive Services Clinician; Chris Osborne, MCT Intern; Caitlin Worrell, Intensive Services Clinician; and Mary Kneisley, Peer Recovery Specialist. Not pictured is Linda Taylor, Intensive Services Lead. (Photo - M. Wade/NRVCS)

By Mike Wade / NRVCS
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BLACKSBURG - Once upon a time, a person experiencing a crisis related to their mental illness or substance use disorder usually found themselves being admitted to a facility of some type. Depending on the level of need, those stays could range from a few days to several weeks, if not months.

Although residential treatment is still a viable option in certain situations, it isn't necessarily an ideal solution - especially when a lack of inpatient bed availability means the individual is placed in a facility that is hours away from their home and support system.

"It's a very difficult situation when children and adults in our area have to be hospitalized as far away as Richmond or beyond," explains Melanie Adkins, Clinical

Director of Mental Health & Substance Use Disorder Services for NRVCS. "That type of distance makes it a real challenge - if not impossible in some cases - for families to be involved with treatment and to provide those natural supports for their loved one."

Officials at NRVCS hope the new Mobile Crisis Team will help alleviate some of those issues. The team provides services to individuals in crisis and their families within a relatively short window of time (currently between 4 - 6 hours, according to Adkins) and that response can often help prevent residential placement.

"We're typically working with individuals who are having an acute episode of their illness - something that we recognize as a change from their baselines of well-being that puts them at risk," says Adkins.

The team is available around the clock five days a week, offering short-term crisis

counseling, crisis intervention and, in some cases, crisis stabilization.

"Our goal is to get to folks within the same day we receive the referral," Adkins notes, "and hopefully keep them connected to services so that they can remain in the community."

The Mobile Crisis Team serves all five jurisdictions covered by NRVCS and is currently staffed by three full-time clinicians, a peer recovery specialist, and the team supervisor.

"This really bridges the gap until we can connect people with appropriate services, so we're wrapping extra supports around them for a short period of time," says Adkins.

She went on to say that the team is currently receiving between 20 - 40 referrals per month.

"When we're dealing with children, we're

Understanding the impact of trauma

By Mike Wade / NRVCS
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While trauma may not be at the root of all health issues, researchers have found it can have a significant impact on our overall mental and physical well-being.

A study by the U.S. Department of Health and Human Services' Office on Women's Health indicates that between 55% - 99% of women receiving treatment for substance use disorders and 85% - 95% of women in the public mental health system report a history of trauma.

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening. These events or circumstances may have lasting adverse effects on the person's functioning and mental, physical, social, emotional, and spiritual health.

For many, these issues can frequently be traced back to childhood. Adverse Childhood Experiences (ACEs) are when a child is either a victim or witness to emotional, physical or sexual abuse, and/or household dysfunction.

Exposure to ACEs can put individuals at a higher risk for mental, physical and emotional problems as adults. The more someone is exposed to ACEs, the more likely it is they will also engage in behaviors that result in chronic disease or injury, such as risky sexual behavior, or drug, alcohol and tobacco use.

Trauma can occur from a variety of sources and the issue is made even more complex by our seemingly constant exposure to traumatic events that happen locally, nationally or even globally - thanks to 24-hour news coverage and the growing presence of social media.

"Understanding the huge role that trauma plays in what we do really changes the game in a lot of ways," declares Rebecca Stuart, an Integrative Health Liaison with NRVCS. "The events that occur in people's lives really do impact they way they function."

Stuart says she sees the signs of trauma regularly in her position as a clinician providing behavioral health support and consultation to a local pediatric practice.

"Trauma crosses all barriers and affects all age groups," she adds, "and people can either bounce back or they can be pulled down by it."

"So, it's really important for us to help people work through the shame that's typically associated with trauma and then find ways to move forward," Stuart adds. "Traditional approaches to delivery of service - particularly in the area of substance use disorders - can exacerbate the vulnerabilities or triggers of trauma, so we have to take a more supportive approach to avoid re-traumatizing our clients."

In order to better address the needs of those affected, NRVCS has dedicated significant energy and resources over the past two years toward the trauma-informed

// Life events affect us both mentally and physically. The earlier we can recognize and address this, the better chance we have to develop healthy coping strategies. //

- Rebecca Stuart
NRVCS Integrative Health Liaison

care (TIC) initiative. Essentially, becoming a TIC organization means NRVCS structures its programming and services to recognize and respond to all types of trauma.

Early on, agency officials worked closely with trauma expert and consultant Dr. Allison Sampson-Jackson to provide trainings to NRVCS leadership, as well as representatives from community partner agencies and parents. Since that time, NRVCS has developed a core committee to focus on TIC and to also train each of the agency's nearly 800 employees

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often able to work with our In-Home Services team to address the particular needs of that young person and his or her family," Adkins continues, "and with adults, this can be an alternative to residential crisis stabilization."

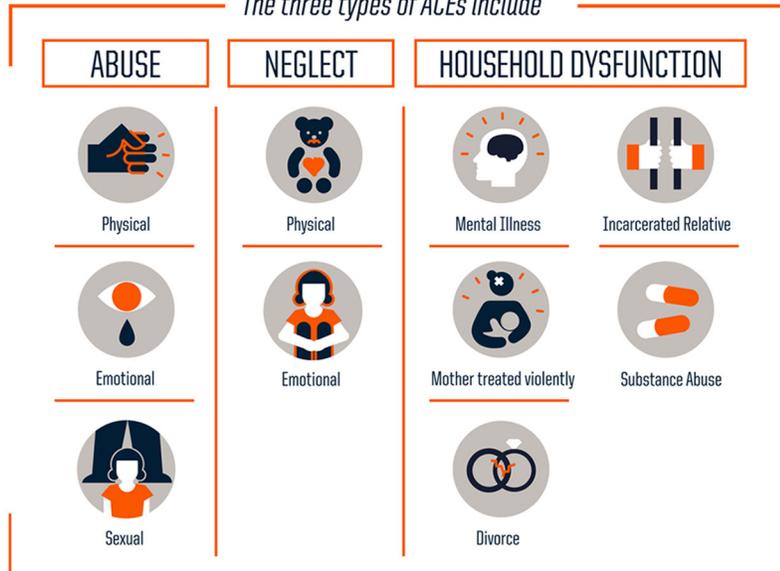
Unlike residential programs, the Mobile Crisis Team has the capacity to intervene in crisis situations in a variety of community locations, including the individual's home, place of work, or school, as well as more traditional locations like hospital emergency rooms, police stations and clinical settings.

"It's a win-win for everyone involved," adds Adkins. "The community benefits from mobile crisis because it's far less costly than hospitalization or inpatient detox and the individual gets to keep their existing provider and stay in the community - in their home."

ACEs: By the Numbers

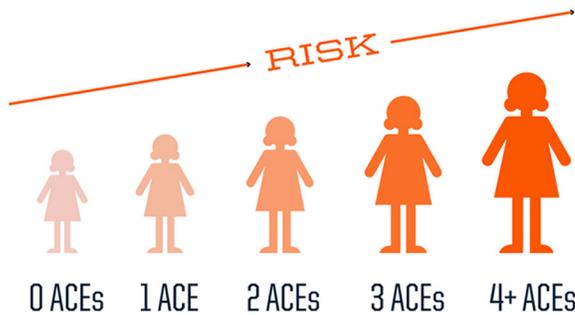
- ▷ People with 6 or more ACEs **died nearly 20 years earlier** on average than those without ACEs
- ▷ In the landmark Kaiser ACE Study of more than 17,000 middle-class American adults, **26% of participants reported at least one ACE** and the majority of them had more than one
- ▷ The Centers for Disease Control and Prevention (CDC) estimates the lifetime costs associated with child maltreatment at **\$124 billion**

The three types of ACEs include

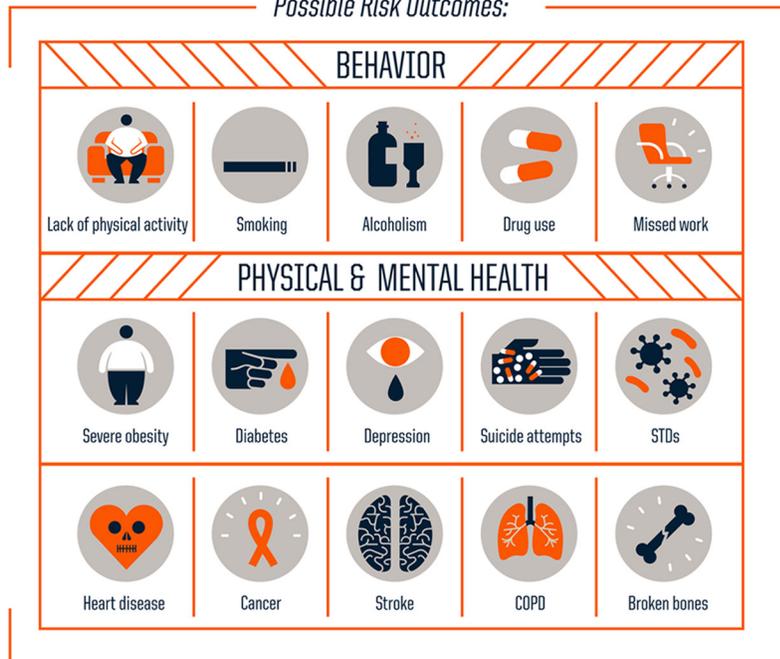


WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:



Trauma

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on Trauma Informed Care Basics and Resiliency. NRVCS staff have also provided a number of TIC trainings in the community to local school systems, Head Start programs, and the Women’s Resource Center of the New River Valley, among others.

“Becoming trauma informed is important for both our clients and our staff because it impacts both on a personal level,” Stuart explains. “Research has shown that if we develop a basic awareness of trauma and how it impacts our community, this model leads to better practices, stronger relationships, and higher standards of care.”

“It’s not that trauma informed care is really a new initiative,” Stuart continues, “but it does give us a common language that puts everyone on the same page.”

Despite the profound challenges trauma presents, Stuart says resilience in young people can minimize negative outcomes.

Resilience has been described as “the ability to return to being healthy and hopeful after bad things happen.” Parents, teachers and caregivers can have an impact on a child’s resilience by helping them identify feelings and manage their emotions, while creating safe physical and emotional environments at home, as well as at school, and in their neighborhoods.

“Life events affect us both mentally and physically,” adds Stuart. “The earlier we can recognize and address this, the better chance we have to develop healthy coping strategies.”

THE 4 TYPES OF TRAUMA

Acute - a single traumatic event that is limited in time

Chronic - The experience of multiple traumatic events

Complex - Both the exposure to chronic trauma and the impact such exposure has on a person

System-Induced - Removal from home, placement in a residential facility, involuntary placement, protective custody, etc.

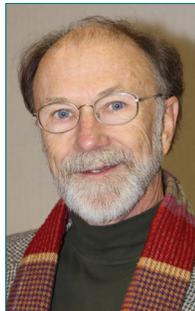


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NRVCS Board of Directors has new Chair

Bob Sisk of Pulaski County has been elected Chair of the NRVCS Board of Directors for Fiscal Year 2018. Mary Biggs, a representative of Montgomery County, will serve as Vice-Chair. Sisk and Biggs were elected to their posts at the Board's June 22 meeting.



Sisk

Sisk, who had most recently served as Vice-Chair, takes over for Joe Young, who had chaired the board for the past two years. Young will remain on the board as a representative of Montgomery County.

Biggs, who also sits on the Montgomery County Board of Supervisors, has been a member of the NRVCS Board since 2012.

June also marked the final meeting for outgoing board members Trish Muldoon, Scarlet Ratcliffe, Lynn Chenault and Jimmy Duncan.

Those vacancies will be filled by the following individuals: Jason Buckland and Jenny McCoy (Giles County); Sally McCarthy (Pulaski County); and Melissa Shaw (Floyd County).

Members of the NRVCS Board are volunteers and are appointed to three-year terms by their respective governing bodies. Board members can serve a maximum of three consecutive three-year terms.

“Our agency is fortunate to have a board comprised of individuals with incredibly diverse backgrounds and experiences who truly care about our work in the community,” notes NRVCS Executive Director James Pritchett. “While we will certainly miss our outgoing board members and their many contributions, it’s also very exciting to have new members join the group.”

The NRVCS Board of Directors typically meets the fourth Thursday of each month. (The Board does not meet in July or November.) Meetings begin at 6:00 p.m. and are held at NRVCS’ main office in Blacksburg (700 University City Boulevard).

Overdose Awareness Day candlelight vigil planned for August 31

NRVCS will conduct a candlelight vigil and awareness program to mark the observance of International Overdose Awareness Day on Thursday, August 31. The event will be held at the Bisset Park gazebo in Radford, beginning at 7:00 p.m. Interested members of the community are encouraged to attend. There is no cost to participate.

International Overdose Awareness Day originated in Melbourne, Australia in 2001, designed as a way to raise awareness that the tragedy of overdose death is preventable. Sadly, a recent report indicated that more than 62,000 Americans died in 2016 as a result of drug overdoses - a number that surpasses the total number of U.S. troops killed in both the Vietnam and Iraq wars combined.

For those unable to attend the candlelight vigil in Radford, NRVCS plans to live stream the event on our Facebook page.