

Assisted Outpatient Treatment (AOT)

Currently AOT has forty-two consumers in the program. Four clients graduated from AOT in 2018. All consumers are registered with Medication Clinic to have mental health and medications monitored/administered by prescribers. Consumers meet regularly with assigned psychiatrists or an available psychiatrist during crisis. AOT groups are conducted two times weekly with evidence-based curriculum. Service Coordinators meet with clients at least two times weekly. AOT is in the process of hiring a Vocational Habilitation Trainer to help AOT consumers find volunteer/employment opportunities. AOT sponsors monthly Family Gatherings where AOT consumers and their family/friends share a meal with AOT staff to increase trust and break down barriers to engagement in treatment for consumers.

Mobile Outreach Safety Team (MOST)

The MOST team in the North served _____ consumers in 2018. The MOST team has expanded from two staff to six staff. This has allowed an increase in coverage and MOST is now available to the community from 7 AM to 12 AM. There has been an increase in collaboration with community partners. The MOST team is now completing ride a-longs with the Sparks Police Department in addition to the Reno Police Department. They are currently working to engage with Sheriff Balaam in order to add ride a-longs with the Washoe County Deputies.

From January, 1, 2018 through December 31, 2018, DPBH inpatient psychiatric hospitals had a seclusion rate of 0.26 hours for every 1000 inpatient hours, less than the national average of 0.41. For the same period, DPBH inpatient psychiatric hospitals had a restraint rate of 0.32 hours for every 1000 inpatient hours, below the national average of 0.53.

CPI (Crisis Prevention Institute), which replaced CPART

CPI Nonviolent Crisis Intervention focuses on these core values Care-Welfare-Safety-Security. It is a safe, nonharmful behavior management system designed to help human services professionals provide the best possible Care-Welfare-Safety-Security for the staff and clients served. Allowing staff to confidently deal with disruptive, assaultive, and out of control individuals- even during their most violent moments.

CPI will increase:

Staff confidence in knowing how to choose the least restrictive intervention.

Compliance with legislation and regulatory & accreditation guidelines.

Culture of safety with empathy, compassion, and respect.

Enhances care and support for staff and the people you serve.

Improve communication among staff by establishing a common language.

CPI focuses on two behavioral continuums:

The Crisis Development Model: Recognize behaviors levels that clients may go through in a crisis moment and the corresponding staff attitude/approach used to deescalate the risk behavior. Focus is on early intervention, least restrictive, and physical response only as a LAST RESORT.

The Verbal Escalation Continuum: Out of the Defensive level of the Crisis Development Model comes the Verbal Escalation Continuum where there are levels of verbal escalation and a corresponding staff attitude/approach. Making every attempt to intervene early and deescalate.

When you have de-escalation skills, people stop getting hurt.

“CPI training is the #1 intervention model used by our state hospital. It is hard-wired into our crisis response protocol.”

— D.C. Foster, Behavioral Health Intervention Specialist, Arizona State Hospital

CPI focuses on the debriefing of the client and the staff after a crisis moment as a time to learn, agree on facts of the event, and a plan to avoid future risk behaviors.

CPI also allows for Disengagement and Holding skills to use as a last resort only if there is eminent danger to the client or others. Always considering the Care-Welfare-Safety-Security of the client and the staff involved. CPI focuses on keeping the client and staff safe always during the crisis event even during a hold of a client. CPI encourages that the staff are always using the Op-Out Model to release the client as soon as their behavior is safe for all involved.

CRISIS PREVENTION INSTITUTE CUSTOMER RESEARCH

Reducing Restraint & Seclusion in Mental Health

Since implementing CPI training, how much have you decreased the use of physical restraints and seclusions?

100%: **17%**

75—99%: **35%**

50—74%: **21%**

25—49%: **14%**

0—24%: **13%**

Source: TechValidate survey of 518 users of Crisis Prevention Institute

Validated Published: Jul. 1, 2016 TVID: [5C3-AA0-2B1](#)

CPI Alignments and Endorsements

CPI Aligns with The Joint Commissions 10 Standards related to Seclusion and Restraint.

CPI also is endorsed by CMS (Centers for Medicaid and Medicare), COA (Council on Accreditation), and CARF (Commission on Accreditation of Rehab Facilities), US Department of Education, and other state governments including CA, NJ, WY, WA, AZ.