



SOUTHWEST COLORADO MENTAL HEALTH CENTER (SWCMHC)

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Crisis Hotlines: Durango/Pagosa Springs 247-5245 (Pagosa Springs 264-2104 during business hours) - Cortez 565-7946

COMMUNITY UPDATE

June 2006

Feature Article

When Someone You Know is in Crisis

By Pam Wise-Romero

There are a variety of types of crises, from transitions in the process of development that we all go through like leaving home or marriage, to situational crises such as loss of a job or divorce, or severe trauma such as violent personal assaults and natural or man-made disasters. There may also be crises associated with the course of a severe mental illness. Most crises, however, are part of the normal range of life experiences that we all can expect, and most people recover from a crisis without professional help.

The kind of response a person may have to a crisis event depends on variables including personal history, personality, severity and proximity of the event, level of social support, and quality of available intervention. Some of the frequent immediate responses to a significant crisis listed by the American Academy of Experts in Traumatic Stress are:

- Shock, numbness
- Denial or inability to acknowledge the situation has occurred
- Appearing dazed, apathetic, feelings of unreality
- Confusion, disorganization, and/or trouble making decisions

There are differences in how children and adults respond to a crisis. Children may return to younger behaviors and show an increase in their fears and worries. They may have poor concentration and decreased performance academically. They may demonstrate increased aggression, oppositional behavior, irritability, and depressed feelings. They may also deny that a crisis has occurred as a means of coping.

Adults may have any number of responses, including:

- Feelings of detachment
- Unwanted, intrusive recollections
- Depression and/or withdrawal
- Concentration difficulty
- Anxiety and/or hyper vigilance
- Physical complaints without physical cause
- Irritability and low frustration tolerance
- Sleep difficulty
- Poor work performance
- Loss of interest in activities once enjoyed
- Emotional and mental fatigue

It is important to remember that a **crisis is different than an emergency**. An emergency involves a life-threatening situation and demands an immediate response. The Police, Ambulance, Fire, or Hospital Emergency Departments, as well as Southwest Colorado Mental Health's Emergency Services team, are the appropriate personnel to respond in emergency situations. The most important early responses in an emergency include: securing physical safety, dealing with medical issues, removing the person from the source of danger, and defusing physical violence. **Crisis hotlines operated by SWCMHC (247-5245 for Durango and Pagosa Springs [264-2104 during business hours], 565-7946 for Cortez)** should be used primarily for emergencies. Clients and their families may only know that they are distressed and need help now, but distinguishing between a crisis and an emergency can help direct a person to the most appropriate resource for effective intervention.

So how can you help when someone you know is in crisis? The first step is to assess whether or not it is an emergency situation. If you are uncertain, treat it like an emergency and engage the personnel mentioned previously. If it is clearly **not** an emergency situation, there are several supports that you can offer. These interventions are helpful to almost anyone in crisis:

- Let the person know that they are not alone and that we will all get through this.
- Stay focused in the present. Help the person to avoid compounding this stressor with stressors from the past.
- Promote talking about the event, if this is not already occurring, and be prepared to listen with empathy for as long as it takes to express all the feelings.
- Reconnect or mobilize the person's natural support system. This effort may be the single most important thing you can do. Many people are able to work through a crisis without any other intervention but additional support from friends and family.
- Get the person to start coping again by working on some immediate task. This intervention helps a person get back in touch with competence and personal strengths.

If these immediate interventions are not working or the person has a prolonged reaction to the stressor, it is time to call us or another counseling resource.

This article was written by Dr. Pam Wise Romero, Senior Vice President/Outpatient and Emergency Services. Please contact Pam at pwise@swcmhc.org with any questions or requests for further information or training needs.

Notes from Bern

General News: After much thought and discussion, we have reached the conclusion that the Center is trying to complete too many projects at the same time. Applying the principles of simplification and alignment, we will be focusing our efforts on two priorities: (1) Completion of Crossroads and upgrade of our emergency services continuum; and (2) Completion of our automated infrastructure as a functioning and effective resource. This does not mean that the other important projects will be dropped, but rather postponed to ensure timely and effective completion of the two priorities. Thus, while improvements have been made, completion of the revamping of our intake process, as well as integration with primary care, will be postponed temporarily.

Health Service District: Several folks have asked me about the impact of the failure of the Health Service District (HSD) to pass. While very disappointing, the failure of the HSD was a lost opportunity, not a cut in our funding. Significant HSD support was targeted for the new Acute Treatment Unit in Crossroads. We will now have to ensure a Durango and La Plata County commitment to funding and seek an additional \$150,000 in operating funds. We will be approaching the Southern Ute Tribe and others to fill this gap. No current positions will be cut or services reduced as a result of the failure of the HSD to pass.

Results of Legislative Session: There were four major items that came from this year's legislative session that will be of great impact this coming year. With the five-year respite from the TABOR limits (remember this is just a respite, not a change to TABOR), the legislature restored approximately \$182,000 of the cuts we incurred in FY '03 and '04 (Mental Health and Higher Education had received the deepest cuts). The Legislature also provided funding for an Early Childhood Specialist at each of the 17 mental health centers. We are tremendously excited about this position and will be seeking community consultation on how to best use it. If you have some thoughts, please contact Pam Wise Romero, Ph.D., at pwise@swcmhc.org.

There were two important items that related to the new Crossroads facility, the first being that a \$450,000 line item was included for operations of the Acute Treatment Unit (ATU) at the Crossroads. This represents a significant State investment in mental health services to our region and was the direct result of incredible efforts on the part of Jim Isgar and Mark Larson. Secondly, due to a host of factors, at the eleventh hour we elected to create an entirely new facility licensing category for the ATU. Mark Larson led this effort with the help of Jim Isgar. The enabling legislation was attached as an amendment to HB06-1277. The Governor has just signed the bill, and we have been invited to be a part of the group drafting the regulations. This will provide for a number of improved treatment features.

Facts and Figures

Service Statistics & Facts: A source of some concern for the Center is the inefficient use of resources that results from cancellations and no-shows. Interestingly enough, the highest cancellation/no-show rates are for medical staff visits. For the five months from December 2005 through April 2006, 28.3% of scheduled medical appointments were not kept. Of 2,439 appointments scheduled, 14.4% were canceled by the client, 10.5% were no-shows, and 3.4% were cancellations by our staff.

Outpatient therapy services have a similar but not-so-severe problem. Of the appointments scheduled from December 2005 through April 2006, 24.4% were not kept. Of the 10,038 appointments scheduled, 11.7% were canceled by the client, 7.8% were no-shows, and 4.9% were canceled by our staff.

These numbers represent a large waste of Center resources. Most folks fail to pay for missed appointments, and we are prohibited from charging Medicaid clients for missed appointments. We are planning to restructure medical appointments to include a clinic (a regular time two or three days per week) when we will see clients who have missed their appointments on a first come, first served basis. Other plans are in the works as well, and **we would welcome any suggestions you might have of ways you have found to reduce cancellations and no-shows.**

Fiscal Facts and Figures: The Center provides services in three areas: Vocational Services (3% of our funding), Substance Abuse in La Plata County with limited services in San Juan and Archuleta Counties (14% of our funding), and Mental Health Services (83% of our funding).

In our Fiscal Year 2007 budget (July 2006 – June 2007), 75% of our expenses will go to staff salaries and benefits. On the revenue side, 35.9% of our revenues come from Medicaid, 27.4% from the State, 20.3% from local support, 6.4% from client fees (including insurance), 4.5% from special contracts, 1.3% from Medicare, and 4.2% from other sources.

Comings and Goings

Goings: Recent departures include **Don Raney** (VP, Residential & Case Management), **Tia Beckman** (LPC who has relocated to California in pursuit of her Ph.D.), **Cookie Johnson** (Case Manager in Cortez who has retired after seven years with the Center), **Susie Kimble** (LCSW part time in Cortez), **Peter Dybing** (Case Manager in Pagosa Springs who has relocated to the Virgin Islands), and **Mike Johnston** (who is spending more time developing his personal business). Our very best wishes to all.

Comings: We are very pleased that **Shelley Garcia**, M.Ed., Child & Adolescent Therapist, joined our Durango outpatient staff in January. Also joining the Durango staff are **Danelle Price**, BA, Case Manager, and **Catherine Cunningham**, BA, Administrative Assistant. **Jackie McNeill**, LPC, relocated from our Cortez office to Durango and replaced Tia. New to our Cortez office is **Erik Foss**, MA, Outpatient Therapist, and **Jennifer Speer**, BA, Case Manager, who replaced Cookie. In Pagosa, **John Vick**, BA, Case Manager, has replaced Peter. **Stacey Foss**, BS, Substance Abuse Counselor, recently joined our New Day staff, taking the place of Mike. With a reduction in three of our Medical Staff's hours and anticipated demands of the ATU, we have added a full time Advanced Practice Nurse. Please welcome **Lorraine Pearson**, APN, who moves here from Tennessee in August.

Open Positions: In Durango we are getting a little closer to filling the Treatment Foster Care Therapist position, along with a new position for an Early Childhood Mental Health Specialist. We currently have two management positions vacant: Substance Abuse Program Manager Trainee and Residential Program Director. Lastly, in Cortez we have a Youth & Family Support Therapist position vacancy.

If you are interested in any of these positions, please see our website (www.swcmhc.org) or contact Pat Roy at proy@swcmhc.org.

Crossroads



There has been tremendous progress on the Crossroads facility construction. We currently stand at 50% completion, slightly ahead of schedule and under budget. The walls are up, roof is on, and framing is in progress. We anticipate opening in early to mid-October.

Coming Attractions

In future newsletters look for updates on the Crossroads facility and the Acute Treatment Unit program. Please let me know (bheath@swcmhc.org) if you have any topics you would like addressed.