

VILLA of HOPE

YOUTH & FAMILY SERVICES rebuild. recover. renew.

CALM IN THE STORM: INCREASING ACCESS & EMPATHY AT 691 ST PAUL

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RODERICK CASTLE

VILLA OF HOPE

HISTORY OF COLLABORATION

- The <u>Department of Human Services (DHS)</u> serves the most vulnerable members of our community each day.
- The mission is to deliver strength-based, comprehensive, and coordinated services guided by measurable results to empower residents to achieve their highest level of self-sufficiency.
- Physical and emotional safety continues to be the highest priority.
- <u>Villa of Hope (VOH)</u> has served the Rochester community since 1942 and is a leader in trauma-informed care.
- Sanctuary Certification indicates that both staff and clients are treated with safety and respect.



- Monroe County realized that many consumers struggled with varying degrees of mental health challenges that interfered with accessing necessary services.
- A significant percentage of consumers were struggling with just being in waiting room and were becoming emotionally dysregulated and either left before being seen or not able to get through interview process.
- A smaller percentage of consumers were being asked to leave building or continued to escalate to the point where police involvement was necessary; sometimes resulting in 'involuntary mental health transport' to hospital
- The county drafted a contract in September of 2018 with Villa of Hope and 'embedded' a full time Behavioral Health Therapist in the DHS building by November 2018.

Principles of Trauma-Informed Crisis Support

 Traumatization occurs when both our <u>internal</u> and <u>external</u> resources are <u>inadequate</u> for us to cope with a <u>threat</u>

Our <u>resilience</u> is just not up to the task that day

ACCEPT THAT TRAUMA ALTERS BRAIN FUNCTION

- Interferes with emotional growth
- Causes hypersensitivity to 'minor threats'
- Causes extremist thinking
- More likely to use verbal and physical aggression and have poor impulse control
- Attention on threats while ignoring important information
- Emotions can be too intense to handle
- Causes feelings of helplessness and a need for control however possible

- These symptoms are <u>survival</u> <u>strategies</u> that help us cope with pain and challenges
- New Traumatic Stress brings the past to the present

therefore:

 We must strive to <u>do no further harm</u> despite extreme behavior that often "makes no sense"

- Knowing what <u>is about you</u> and what <u>is not about you</u>
- Changing your approach from: "What's wrong with you!" to "What happened to you?"
- Giving some <u>choice</u> and <u>control</u> back to people from whom these things have been <u>taken away</u> <u>or lost</u>

Focus on **COLLABORATION**

- <u>Not</u> engaging in interactions that are <u>demeaning</u>, <u>disrespectful</u>, <u>dominating</u>, <u>cruel</u>, or <u>deceptive</u>
- Responding to behaviors with <u>empathy</u>, as much <u>positivity</u> as appropriate, <u>active</u> <u>listening</u>, <u>respect</u>, and <u>questions</u> that engage the person in finding <u>solutions</u>

CASE EXAMPLE 1:

- A 23 year old young man presented to 691 St Paul St, escorted by his former employer who stated that until recently the young man had been employed and doing well. The former employer was concerned for his well being and brought him to DHS to access services and locate housing.
- The young man struggled with the DHS process, he appeared confused and was unable to answer questions needed to assess eligibility. Roderick was able to support and advocate to get him through the TA process to access Temporary Housing Assistance. Referrals were also made to community partners including the RED team and the Homeless Partnership of Monroe County.
- Sadly, there were a couple of failures, he would leave shelter for periods of time and be unreachable. Finally, one day he appeared at DHS and was in concerning shape. He was basically non-verbal and had some physical symptoms as well. 911 was called and he was taken to the hospital. Where he was admitted. The HPMC case manager stayed in contact with him and with the DHS staff as well. Upon release we were able to make a safe plan for housing for him.
- The client is now permanently housed and continues to be supported by the RED team and the Homeless Partnership with an active Temporary Assistance case.

CASE EXAMPLE 2:

- An 81 year old woman presented to DHS looking for housing and storage, she had never been known to the DHS system prior. She had been living alone in a hotel for more than 3 years, during that time she accumulated stacks of boxes that practically filled her room. She was able to self-fund her hotel stay for 3 years, but ran out of money to do so.
- She was apprehensive about being placed in a shelter and about being separated from her belongings. Roderick was able to see this need and support her through the process from walking into DHS to supporting her when the movers came for her boxes. He was also able to support her in obtaining an emergency housing placement at a location she was comfortable with. Roderick was also able to successfully negotiate with the hotel to allow her to stay with her boxes until the movers came, even though this would be a few days without payment for the hotel.
- She had never applied for social security even though she more than met the age requirement and had no actual income. During the TA process she did apply for social security and was awarded enough to allow her to again be self sufficient.

OTHER SUPPORTS

- Roderick supports the Emergency Housing unit by providing an assessment for appropriate level of care. Often times DHS Emergency housing is tasked with making a placement for someone who may not be successful in the emergency shelter with very limited information. Roderick is able to provide additional insight and assist with the decision.
- Community Providers are able to contact Jennifer and Roderick and let us know when they have someone who will be coming in to access services that may need extra support.
- There are times where Roderick's office is a safe place where DV is initially disclosed and Roderick is able to assist with engaging with the appropriate people right away to put needed supports in place.

QUESTIONS?





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SANTUARY CERTIFICATION



- A holistic approach to how Villa of Hope operates. The Sanctuary Model® is a blueprint for change which, at its core, promotes safety and recovery from adversity through the active creation of a trauma-responsive community.
- In 2017, Villa of Hope attained official Sanctuary® Certification from the Andrus Sanctuary Institute, after a journey that had begun in 2011. Sanctuary has made a significant impact on our community, enhancing safety and creating a healing environment for our clients, their families and our staff.