

Tri Counties CalAIM PATH Collaborative

July 15, 2026



**Please introduce
yourself in the
chat!**

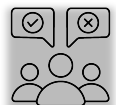
Housekeeping



Please ensure you are **muted**



Use the chat to ask questions relevant to the topic(s) at hand



Unmute and share your questions or comments during **Q&A**



Add your organization to your Zoom Name

- Click **Participants**, hover over your name in the list and click **More**, select **Rename** from the drop-down menu, and enter your name and organization as you would like it to appear

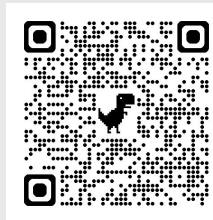
Meeting slides will be shared with participants and posted to our resource center

Save the date for September's in-person meetings!

Santa Barbara and San Luis Obispo Stakeholders:

*Please join us at the Santa Maria
Library on*

Wednesday, September 16
10:00am - 12:00pm



Ventura Stakeholders:

*Please join us at Ventura County
Community Foundation on*

Thursday, September 17
10:00am - 12:00pm



Participants will:

- Foster connections with fellow providers
- Discuss navigation of upcoming changes to ECM and Community Supports in 2027

Breakfast will be provided!

2026 Collaborative Aim Statement and Drivers

By December 2026, the Collaborative will develop a foundation for ongoing collaboration to support continuity beyond the PATH program.

**Transform
networking into
formal and informal
partnerships
through in-person
meetings**

**Prepare for
implementation
changes through
regular policy
updates and
summaries**

**Strengthen
capacity through
trainings and
co-development of
tools and
resources**

Thank you for joining us in June!

- We heard a provider spotlight from **Good Samaritan Shelter** on ECM and CS services for individuals experiencing homelessness.
- We were grateful to have **San Luis Obispo** and **Ventura County Behavioral Health Departments** discuss BHSA Implementation and Integrated Plans.

Meeting Materials

[Slides](#)

[Recording](#)



Today's Agenda

Time	Agenda Item	Presenter(s)
10:00-10:05 am	Welcome and Introductions	BluePath Health
10:05-11:25 am	Crisis De-Escalation Strategies	Pacific Clinics
11:25-11:30 am	Evaluation Poll and Closing	BluePath Health

Crisis De-Escalation Strategies Training



Pacific
Clinics®

Crisis De-Escalation Strategies

Dr. Livier Martinez, LCSW
Licensed Learning Partner



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Agenda

- Introduction
- Understanding the Escalation Cycle
- Goals of De-escalation
- Active Listening Skills
- De-Escalation Strategies
- Scenario Discussion



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Learning Objectives

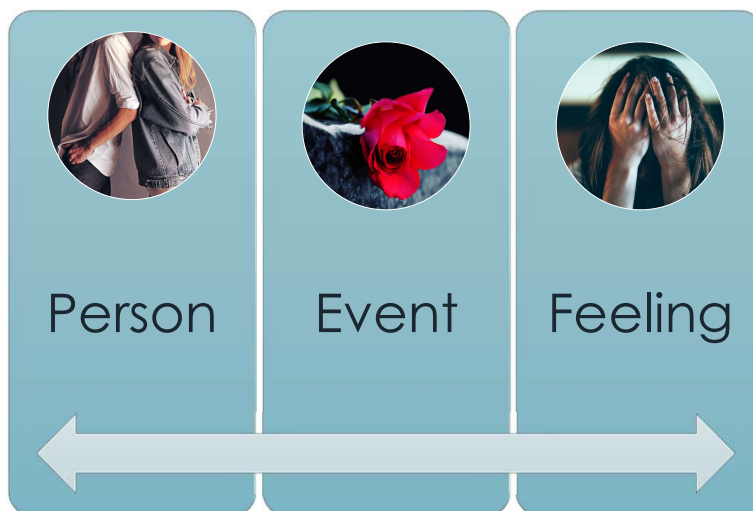
By the end of this training, learners should be able to:

1. Describe the escalation crisis cycle.
2. List the four goals of de-escalation.
3. Demonstrate 4 verbal and non-verbal de-escalation skills.

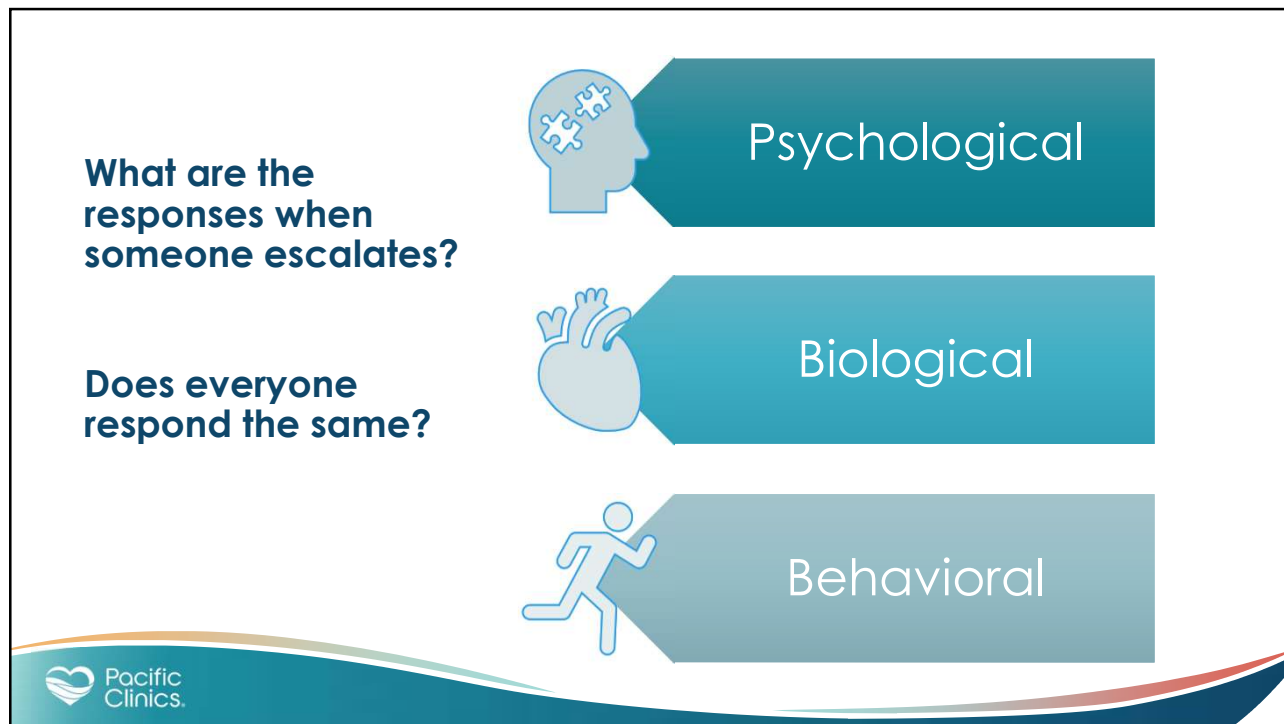


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What Triggers an Escalation?



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Understanding the Escalation Response

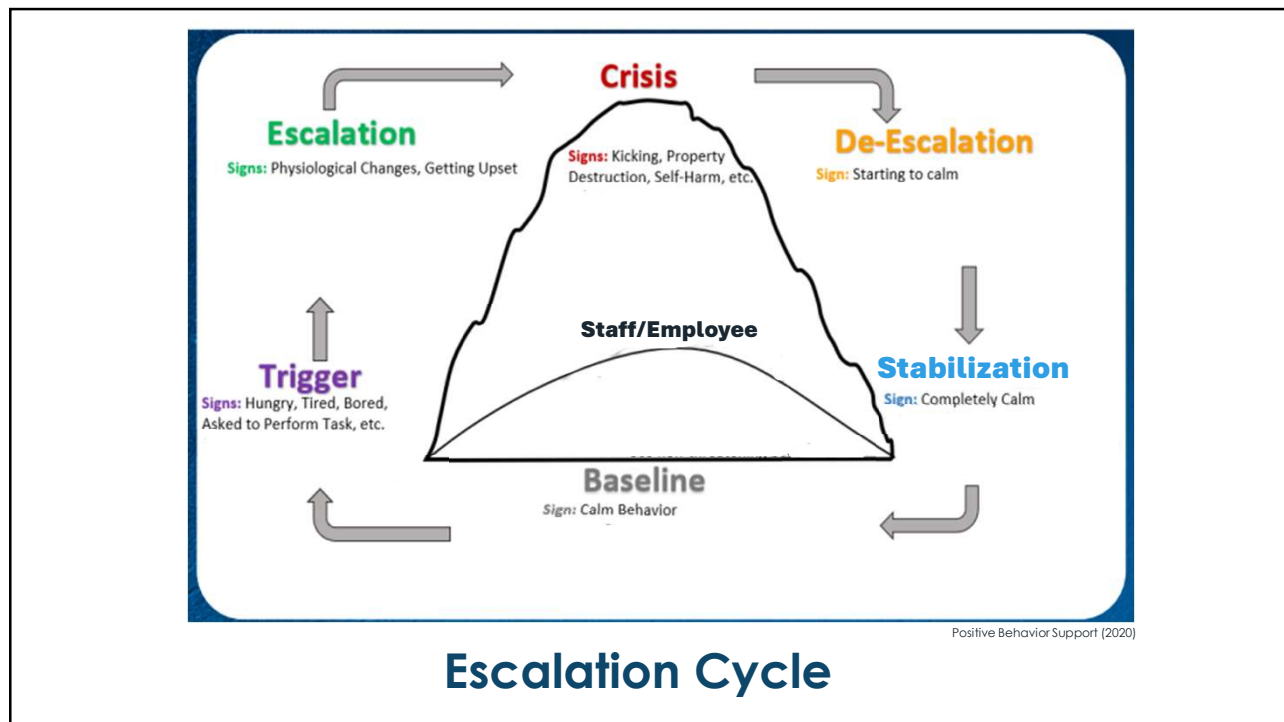
As the body prepares to defend itself from the perceived threat:

- Parts of the brains in charge of reasoning and logic **turn off**.
- Other parts of the brain **turn on**:
 - physiological changes like increased heart rate and breathing,
 - heightened awareness.

A 3D rendering of a human brain, showing the gyri and sulci, set against a soft, glowing background.

Pacific Clinics.

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Escalation Process

Trigger – an event, person, feeling or thought that starts the behavioral escalation process

Escalation – physiological changes (heart rate, breathing increases), becomes angry or upset (parts of the brain turn off and other parts become heightened)

Crisis – act out verbally and/or physically, destructive, self-harm

De-Escalation – start to calm, physiological changes (heart rate, breathing starts to decrease)

Stabilization – completely calm, on the way to return to baseline

Baseline – calm behavior (return to the 'status quo')



Positive Behavior Support (2020)

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De-Escalation

“a collective term for a range of interwoven staff-delivered components comprising communication, self regulation, assessment, actions, and safety maintenance which aims to extinguish or reduce patient aggression/agitation irrespective of its cause, and improve staff-patient relationships while eliminating or minimizing coercion or restriction”

(Hallet & Dickens, 2017)



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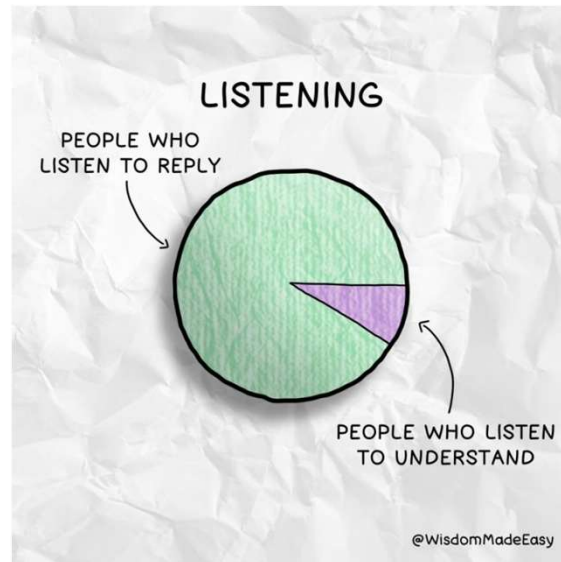
Goals of De-Escalation



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Active Listening Skills

Listen to **Understand**,
NOT to **Reply**.



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Active Listening Skills



Active Listening Skills

- Attentive
- Listen w/out interruptions
- Ask Open Ended Questions
- Reflections
- Summarize & Clarify
- Refrain from judgement



Body Language

- Open body with visible hands
- Congruent facial expressions
- Appropriate eye contact
- Even voice and tone
- Brief phrases



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Communication – Verbal

- Use a calm and gentle tone.
- Employ active listening.
- Ask open-ended questions.
- Avoid jargon or technical language.
- Acknowledge and validate feelings.
- Be mindful of language and words used.



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Communication – Verbal

- | | |
|---|---|
| <p>A. Let the person express their concern.</p> <p>B. Approach the problem collaboratively.</p> <p>C. Do not take the response personal (avoid being argumentative, contradictory, or defensive). Thank them for their patience.</p> <p>D. Follow through with their concern or issue.</p> <p>E. Attempt to figure out a solution ("it's not my job", "we don't do that here").</p> | <p>A. <i>"Please tell me what happened."</i></p> <p>B. <i>"How can we correct this problem."</i></p> <p>C. <i>"I appreciate your patience...so sorry this happened. Let's figure out a way to fix it."</i></p> <p>D. <i>"I'm going to bring this up to my staff to figure out a better way to inform the public."</i></p> <p>E. <i>"Let me see what we can do or at get you to the right person to help you with this problem."</i></p> |
|---|---|



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Communication – Non-Verbal

Be calm (or at act calm). Maintain appropriate eye-contact and keep hands and visible.

Align facial features to content.

Listen. Nod your head to demonstrate that you are paying attention.

Respect personal space. Maintain arm/leg distance away from the individual.

Avoid touching the upset individual as it may be misinterpreted.

Convey that you are in control, by demonstrating confidence in your ability to resolve the situation.

Demonstrate supportive body language. Avoid threatening gestures or crossed arms

Avoid laughing or smiling inappropriately.



LISTEN



**FACIAL
EXPRESSION**



**EYE
CONTACT**



**TONE OF
VOICE**



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De-Escalation Strategies



1. Remain calm
2. Offer attention and safe space
3. Ask OEQs to determine needs
4. Use reflections to express empathy
 - Avoid arguing or getting into a power struggle
5. Always position self with an exit.
Safety is paramount for everyone involved.
 - Remove others, establish safety
6. Explore solutions to manage or resolve the problem
 - Offer alternatives to help find resolutions (don't make promises you can't keep)



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De-Escalation Strategies



7. Enlist others for assistance ("Let me get Pat. They can help us figure out the next steps.")
8. Avoid touching the person, as that can worsen the situation
9. Focus on formulating an action plan to help restore functioning
 - Instructions should be clear with contact details, verbal and written for any referrals or resources



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De-Escalation Strategies



Pitch

low, calm, and soothing



Pace

slow, deliberate and clear



Posture

open, relaxed, with visible hands

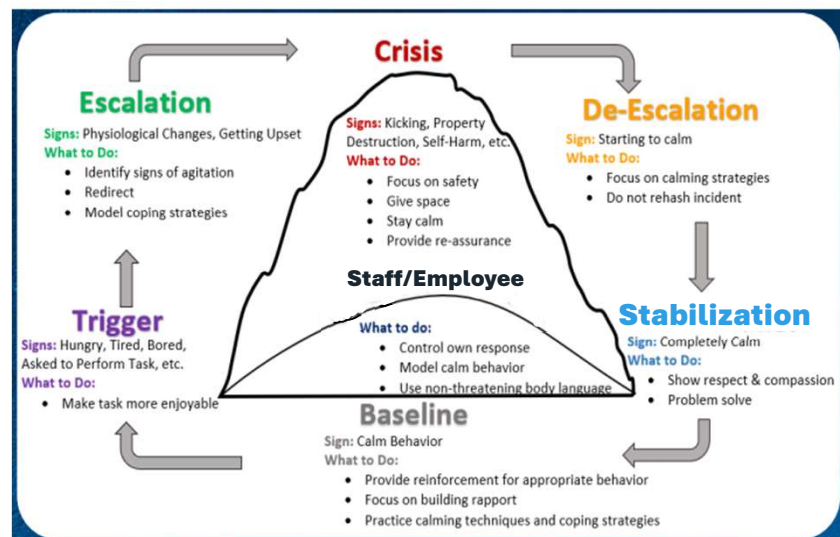


Position

respect personal space, at eye level

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Responding to the Escalation



Positive Behavior Support (2020)



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Apply the Active Listening Skills and De-Escalation Strategies

Trigger –

Escalation –

Crisis –

De-Escalation –

Stabilization –

Baseline –



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Be CALMR

Check yourself: Remain calm and non-defensive, watch your non-verbal communication

Active **L**istening: Listen carefully, ask a few general questions, empathize, and summarize concerns

Make a caring statement: Consider the person's concerns, provide validation, and respond with care

Reinforce resilience: Identify strengths and look for opportunities to support and build upon them



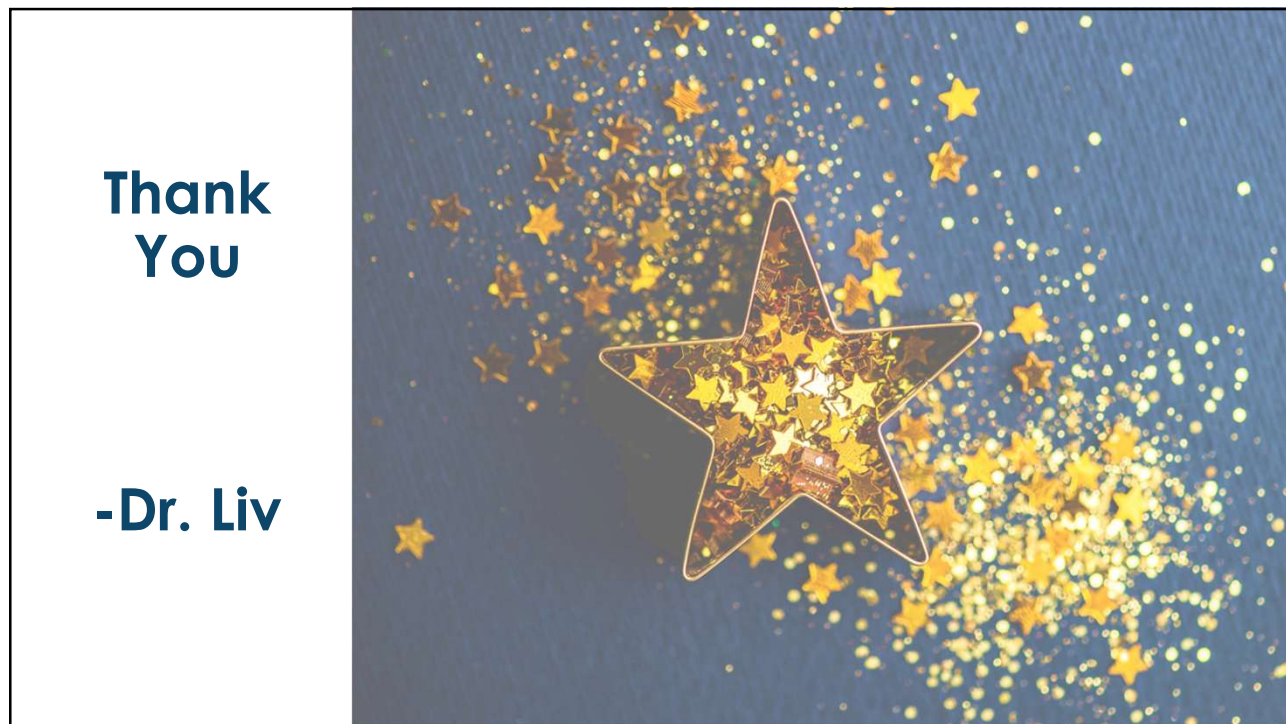
UCLA Prevention Center of Excellence, 2019

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Scenarios Discussion



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Training and Consultation Available Through
Pacific Clinics Training Institute (PCTI)

Scan Code to Learn More!



www.MyPCTI.org

Contact Us at PCTI@pacificclinics.org



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References:

Hallett, N & Dickens, G (2017). De-escalation of aggressive behaviour in healthcare settings: concept analysis. International Journal of Nursing Studies, Vol. 75, pp. 10-20. <https://doi.org/10.1016/j.ijnurstu.2017.07.003>

Joint Commission. A Division in Healthcare (2019). De-escalation in Healthcare. Quick Safety, Vol. 47, pp.1-5. <https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-47-deescalation-in-health-care/>

Positive Behavior Support (2020). Calming the Crisis: Defusing challenging behavior. WVU Support Report Winter. <https://pbs.cedwvu.org/media/3800/supportreportwinter2020.pdf>

UCLA Prevention Center of Excellence [2023]. Lowering the Temperature. De-Escalation Strategies course. <https://learn.wellbeing4la.org/detail?id=401120&k=1684455872>



Evaluation Survey



Pacific
Clinics®

2026 Scheduling

Join us on Wednesdays in 2026!



Register today to add
the meetings to your
calendar!

[Add to Calendar\(.ics\)](#) | [Add to Google Calendar](#) | [Add to Yahoo Calendar](#)

To edit or cancel your registration details, [click here](#).

Please submit any questions to: pathinfo@bluepathhealth.com.

WAYS TO JOIN ZOOM

Join from PC, Mac, iPad, or Android

Meeting Calendar

January 21

February 18

March 18

Week of April 13th (in-person)

May 20

June 17

July 15

August 19

Week of September 14th (in-person)

October 21

November 18

December 16

Thank you for joining!
See you next month on **August 19:**
*Preparing for Change:
Understanding Medi-Cal Policy
Updates!*

Questions? Please email pathinfo@bluepathhealth.com.