WHAT PEOPLE THINK

WHAT WE DO
The Crisis Now model includes three core services:

1. Crisis Call Center Hub (Air Traffic Control)
2. Mobile Crisis Teams that Go to the Person
3. Crisis Facility Alternatives to Jail/Inpatient/ED
<table>
<thead>
<tr>
<th>Level 1: MINIMAL</th>
<th>Call Center Hub</th>
<th>Mobile Outreach</th>
<th>Sub-acute Stabilization</th>
<th>Crisis Now System</th>
<th>Level 5 System Also Conforms to 4 Modern Principles</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What makes Level 5 different?</td>
<td>Real Time Access Valve Mgmt</td>
<td>Meets Person at Home/Apt/Street</td>
<td>Direct LE Drop Off &lt;10 Min</td>
<td>Adequate Access Statewide Plus →</td>
</tr>
<tr>
<td>Level 5: FULLY INTEGRATED</td>
<td></td>
<td>Air Traffic Control Connectivity</td>
<td>Adequate Access Statewide</td>
<td>Adequate Access Statewide</td>
<td>Adequate Access Statewide Plus →</td>
</tr>
<tr>
<td>Level 4: CLOSE</td>
<td></td>
<td>Data Sharing (Not 24/7 or Real Time)</td>
<td>Statewide Access but Reliant on ED</td>
<td>Statewide Access but Reliant on ED</td>
<td>Integrated System w/ Diversion Power</td>
</tr>
<tr>
<td>Level 3: PROGRESSING</td>
<td></td>
<td>Formal Partnerships</td>
<td>Adequate Access &lt;1 Hr Response</td>
<td>Adequate Access Major Payers Included</td>
<td>Adequate Access Major Payers Included</td>
</tr>
<tr>
<td>Level 2: BASIC</td>
<td></td>
<td>Shared MOU/Protocols</td>
<td>Some Availability Limited to Urban</td>
<td>Some Availability Limited to Urban</td>
<td>Limited State/County Support</td>
</tr>
<tr>
<td>Level 1: MINIMAL</td>
<td></td>
<td>Agency Relationships</td>
<td>None or Very Limited Availability</td>
<td>None or Very Limited Availability</td>
<td>Fragmented Status Quo</td>
</tr>
</tbody>
</table>

- **Priority Focus on Safety/Security**
- **Suicide Care Best Practices, e.g., Systematic Screening, Safety Planning and Follow-up**
- **Trauma-Informed, Recovery Model**
- **Significant Role for Peers**
Change Is Underway

The Core Elements of Crisis Now are changing the way we treat mental health crises.

LEARN MORE
Crisis Call Center Hub Video
How Does Your Crisis System Flow?

Most all community crisis referrals flow through the hospital ED.

Community Crisis Flow

200 persons in crisis per 100,000 persons in your community on a monthly basis.

Greater Phoenix 4m Community Total Pop. Divide by 100k and multiply by 200 8,000 Monthly Crisis Flow

What do they look like clinically?

LOCUS Levels of Care

Stratified Crisis Need

Clinically Matched Care

Dimensions
Risk of Harm
Functioning
Co-Morbidity
Environment
Treatment History
Engagement

What do they look like clinically?

The typical LOCUS distribution for community crisis flow.

Do you have the crisis continuum capacity to meet the need?
People in distress and crisis deserve far better...
The model Urgent Care Crisis Center has a continuum with three programs:

1. 24/7 Outpatient Lobby with Immediate Care
2. 23 Hour Temporary Observation Recliners
3. Sub-acute Crisis Stabilization with 2 – 4 day average length of stay
The **Retreat Model** of *Crisis Urgent Care* targets those same three programs, but three additional elements make these facilities very different...
The Retreat Difference

1. Physical layout is an open retreat
2. Staffing prominently features lived expertise
3. Substantial impact on hospitals, law enforcement, jails and psychiatric inpatient
Phoenix, Arizona
THE RETREAT MODEL
In the mid-1990s Recovery Innovations begins hiring significant numbers of peer supports and launches the first crisis living room model just outside Phoenix, Arizona.
Over the past four years, more than 13,195 individuals have admitted to this crisis urgent care center by police... none of those had to go to the ER and wait.
Despite very high acuity...

1. Individuals are greeted by a caring peer support staff orienting the person in distress to care

2. They are referred to as a guest, not patient or consumer

3. The space is warm and welcoming
What the Retreat is Not:

1. Staff aren’t hiding behind a plexiglass fishbowl. They are actively engaged.

2. Guests aren’t arranged in neat rows of recliners like a factory production line. It feels more like your living room.

3. But this isn’t a boutique for the worried well. People in real crisis are in pain, and sometimes get agitated and/or aggressive. Safety for all guests and staff is paramount.
Tacoma, Washington State
In 2010, Optum Health replicated the model near Tacoma, Washington State in the view of Mt. Rainier.
Here the welcoming physical setting isn’t just indoors. The reed pond next to the outdoor area.
The nature feel calms inside the building, too, with murals.
Newark, Delaware
About one in four staff are Certified Peers:

1. Peers have been there, and provide valuable social and emotional support.
2. They help turn the focus from crisis to strengths, assets and goals, and this activates hope.
3. The link to clinical and community resources and provide ongoing support.
Charlotte, North Carolina
Also in 2016, the team at Atrium Health opened the Mindy Ellen Levine Behavioral Health Center.

Just outside Charlotte, North Carolina, this crisis facility features peer staff, trauma informed settings and a setting that is unparalleled.
More home than state hospital... communicates that a person with a mental health or addiction crisis matters. The retreat model says we care from before you even enter the building.
It’s a secure sally port for police drop off but the design team thought about trauma informed care... and safety... at every step.
Riverside, California
In 2017, Riverside County Mental Health in Southern California took the Retreat model to its highest level yet, inside a campus of care.
The prior facility was temporary, but the change was dramatic nonetheless.
9890 COUNTY FARM ROAD, RIVERSIDE, CA 92503

AFTER
Inside and out, this Retreat welcomes and heals.

The space is designed for recovery.
When these retreat settings are staffed with individuals who care...
who actively engage and collaborate...
Distress is calmed. Crises are stabilized. Recovery plans are activated and begun.
This is not the future. Not private pay.

The Retreat Model is public sector, and it is **today**… in Arizona, Washington State, Delaware, North Carolina and California.
THE RETREAT MODEL