# -WHAT PEOPLE THINK

# WHAT WE DO

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The Crisis Now model includes three core services:

Crisis Call Center Hub (Air Traffic Control)
Mobile Crisis Teams that Go to the Person
Crisis Facility Alternatives to
Jail/Inpatient/ED

ACTION State/Regional Self-Assessment					
For more info see http://crisisnow.com	<sup>①</sup> Call Center Hub	<sup>(2)</sup> Mobile Outreach	<sup>③</sup> Sub-acute Stabilization	Crisis Now System	Level 5 System Also
What makes Level 5 different?	Real Time Access Valve Mgmt	Meets Person at Home/Apt/Street	Direct LE Drop Off <10 Min	Equal Partners 1 <sup>st</sup> Responders	Conforms to 4 Modern Principles
Level 5: FULLY INTEGRATED	Air Traffic Control Connectivity	Adequate Access Statewide	Adequate Access Statewide	Adequate Access Statewide Plus $\rightarrow$	Priority Focus on Safety/Security
Level 4: CLOSE	Data Sharing (Not 24/7 or Real Time)	Statewide Access but Reliant on ED	Statewide Access but Reliant on ED	Integrated System w/ Diversion Power	2 Suicide Care Best Practices, e.g. Systematic
Level 3: PROGRESSING	Formal Partnerships	Adequate Access <1 Hr Response	Adequate Access >50% Bed Available	Adequate Access Major Payers Included	Screening, Safety Planning and Follow-up
Level 2: BASIC	Shared MOU/ Protocols	Some Availability Limited to Urban	Some Availability Limited to Urban	Limited State/ County Support	3 Trauma-Informed, Recovery Model
Level 1: MINIMAL	Agency Relationships	None or Very Limited Availability	None or Very Limited Availability	Fragmented Status Quo	(4) Significant Role for Peers

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### Change Is Underway

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

health crises

LEARN MORE

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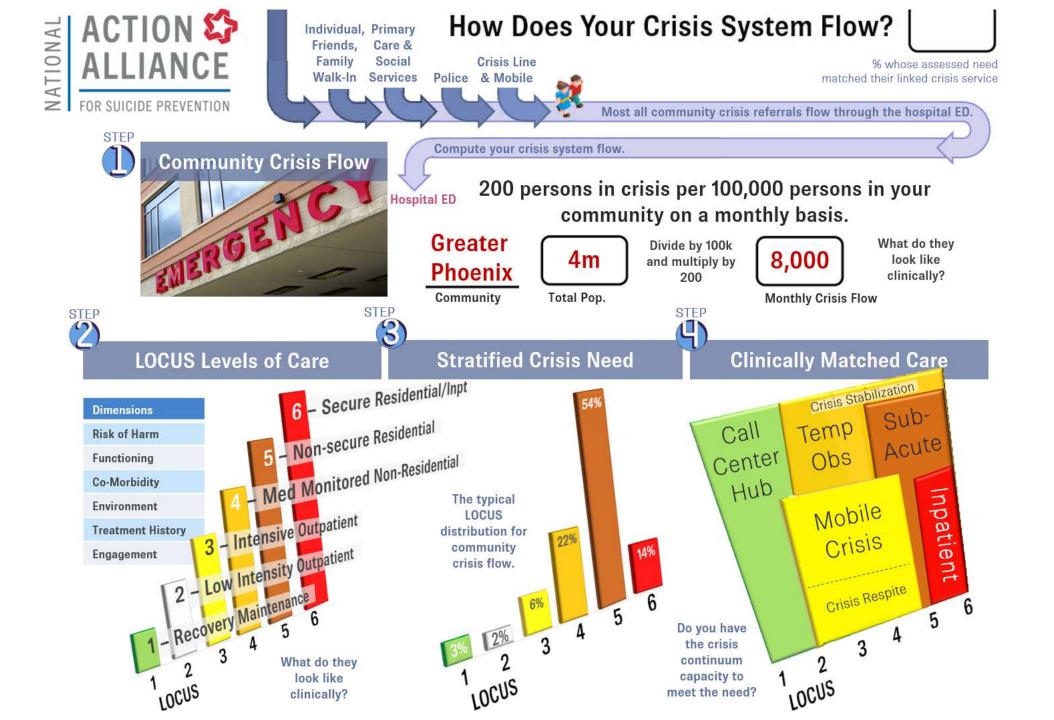
CrisisNow.com

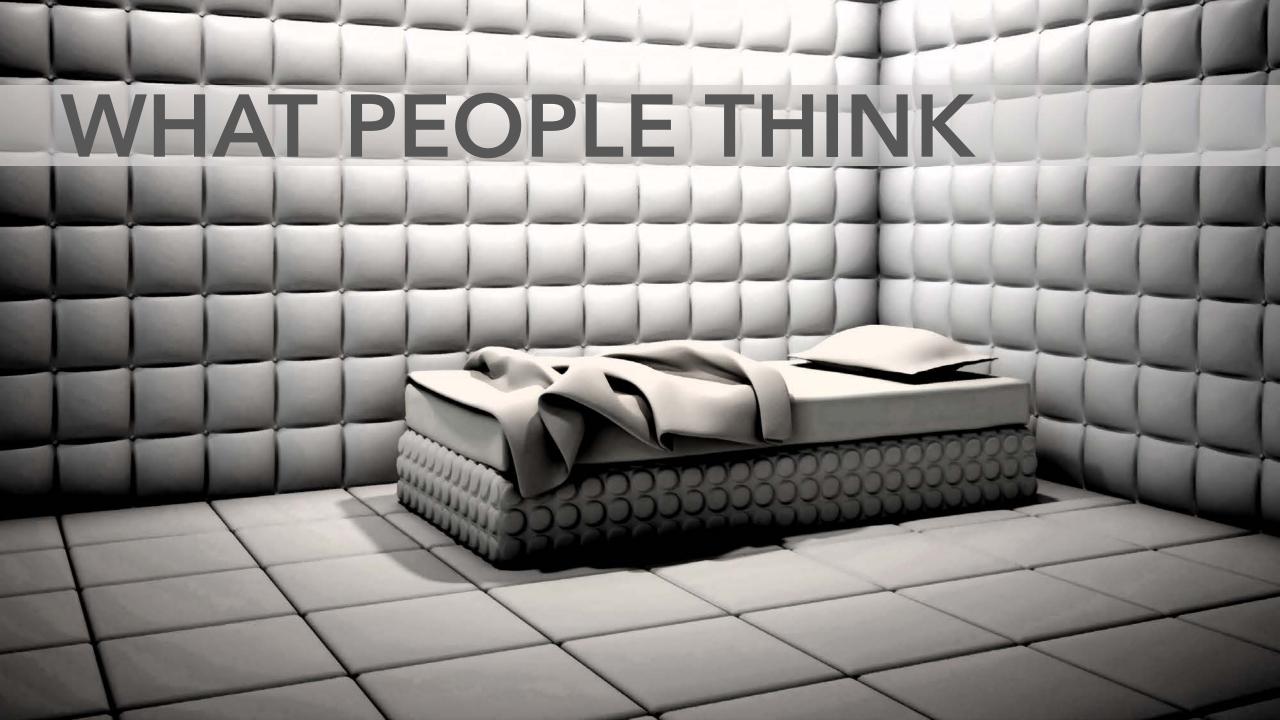
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### Crisis Call Center Hub Video







# 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.

1996





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.

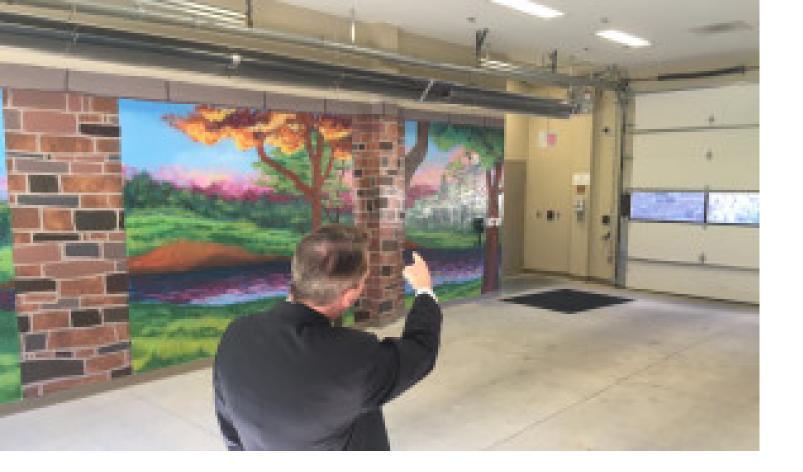
Just outside Charlotte, North Carolina, this crisis facility features peer staff, trauma informed settings and a setting that is unparalleled.



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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.

# Riverside University **HEALTH SYSTEM** Behavioral Health

# BEFORE

Kecovery

NUMBER OF CONTRACT OF CONTRACT

Innovations Crisis Stabilization Unit The prior facility was temporary, but the change was dramatic nonetheless.

# **AFTER**

### 9890 COUNTY FARM ROAD, RIVERSIDE, CA 92503









## 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