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
Level 5 System Also Conforms to 4 Modern Principles

1. Priority Focus on Safety/Security
2. Suicide Care Best Practices, e.g., Systematic Screening, Safety Planning and Follow-up
3. Trauma-Informed, Recovery Model
4. Significant Role for Peers

Level 1: MINIMAL
- Agency Relationships
- None or Very Limited Availability

Level 2: BASIC
- Shared MOU/Protocols
- Some Availability Limited to Urban

Level 3: PROGRESSING
- Formal Partnerships
- Adequate Access <1 Hr Response
- >50% Bed Available

Level 4: CLOSE
- Data Sharing (Not 24/7 or Real Time)
- Statewide Access but Reliant on ED

Level 5: FULLY INTEGRATED
- Air Traffic Control Connectivity
- Adequate Access Statewide
- Direct LE Drop Off <10 Min

What makes Level 5 different?

- Real Time Access Valve Mgmt
- Meets Person at Home/Apt/Street
- Sub-acute Stabilization
- Equal Partners 1st Responders

For more info see http://crisisnow.com
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.

1. **Community Crisis Flow**
   - 200 persons in crisis per 100,000 persons in your community on a monthly basis.
   - Greater Phoenix: 4m
   - Total Pop.: 100k
   - Divide by 100k and multiply by 200: 8,000 Monthly Crisis Flow
   - What do they look like clinically?

2. **LOCUS Levels of Care**
   - Dimensions
     - Risk of Harm
     - Functioning
     - Co-Morbidity
     - Environment
     - Treatment History
     - Engagement
   - Secure Residential/Inpt
   - Non-secure Residential
   - Med Monitored Non-Residential
   - Low Intensity Outpatient
   - Intensive Outpatient
   - Recovery Maintenance
   - What do they look like clinically?

3. **Stratified Crisis Need**
   - The typical LOCUS distribution for community crisis flow.

4. **Clinically Matched Care**
   - Crisis Stabilization
   - Call Center Hub
   - Temp Obs
   - Sub-Acute
   - Inpatient Mobile Crisis
   - Crisis Respite
   - Do you have the crisis continuum capacity to meet the need?
WHAT PEOPLE THINK
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.
Riverside University Health System
Behavioral Health
The prior facility was temporary, but the change was dramatic nonetheless.
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