



# Crisis Now

JAMIE SELLAR MA, LPC  
CHIEF STRATEGY OFFICER

# Real Issues



- ▶ Increased Suicide Rates
- ▶ Barriers to Care
- ▶ Psychiatric Boarding
- ▶ Law Enforcement Acting as De Facto Mobile Crisis Outreach Teams
- ▶ Jails Acting as De Facto Psychiatric Hospitals

# Causes

- ▶ Not Enough Resources
- ▶ Not Enough Inpatient Beds
- ▶ Poor Alignment to What a Person in Crisis Needs and What is Available

# The Evolution of *Crisis Now*

## ► The National Action Alliance for Suicide Prevention

- Zero Suicide *and*
- Crisis Now

## ► Needed Outcomes

1. Better Access to Crisis Care;
2. Services that Align with Needs;
3. Lower Demand on Law Enforcement;
4. Decrease Incarceration Rate;
5. End Psychiatric Boarding in Emergency Departments; *and*
6. Lower Cost of Crisis Care (Healthcare and Community Costs).



# Crisis Now:

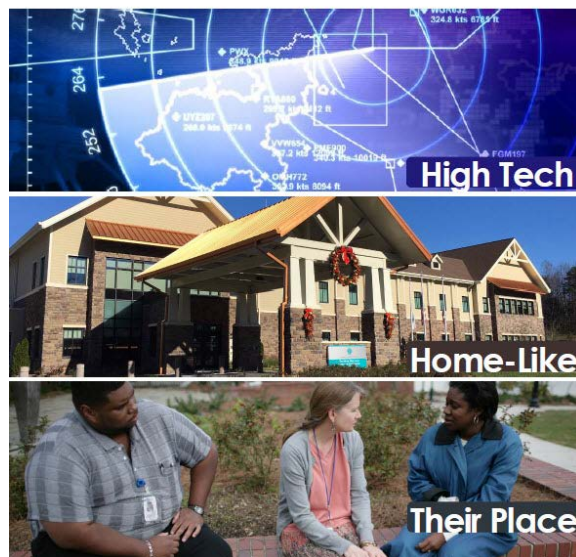


Crisis Services Task Force



## Crisis Now

Transforming Services is Within Our Reach



# Crisis Now Elements

## FOUR CORE ELEMENTS FOR TRANSFORMING CRISIS SERVICES



### HIGH-TECH CRISIS CALL CENTERS

These programs use technology for real-time coordination across a system of care and leverage big data for performance improvement and accountability across systems. At the same time, they provide high-touch support to individuals and families in crisis.



### 24/7 MOBILE CRISIS

Mobile crisis offers outreach and support where people in crisis are. Programs should include contractually required response times and medical backup.



### CRISIS STABILIZATION PROGRAMS

These programs offer short-term "sub-acute" care for individuals who need support and observation, but not ED holds or medical inpatient stay, at lower costs and without the overhead of hospital-based acute care.



### ESSENTIAL PRINCIPLES & PRACTICES

These must include a recovery orientation, trauma-informed care, significant use of peer staff, a commitment to Zero Suicide/Suicide Safer Care, strong commitments to safety for consumers and staff, and collaboration with law enforcement.



# "Air Traffic Control" Call Center



- ▶ Utilization of Technology to Coordinate all Crisis Encounters
  - ▶ GPS Mobile Team Dispatches
  - ▶ Electronic Bed Registry
  - ▶ Real Time Dashboard
  - ▶ Outpatient Scheduling Access
- ▶ Big Data Collection
- ▶ Regional/State Level of Responsibility
- ▶ It is already being done! – In Georgia

# 24/7 Mobile Outreach Crisis Teams



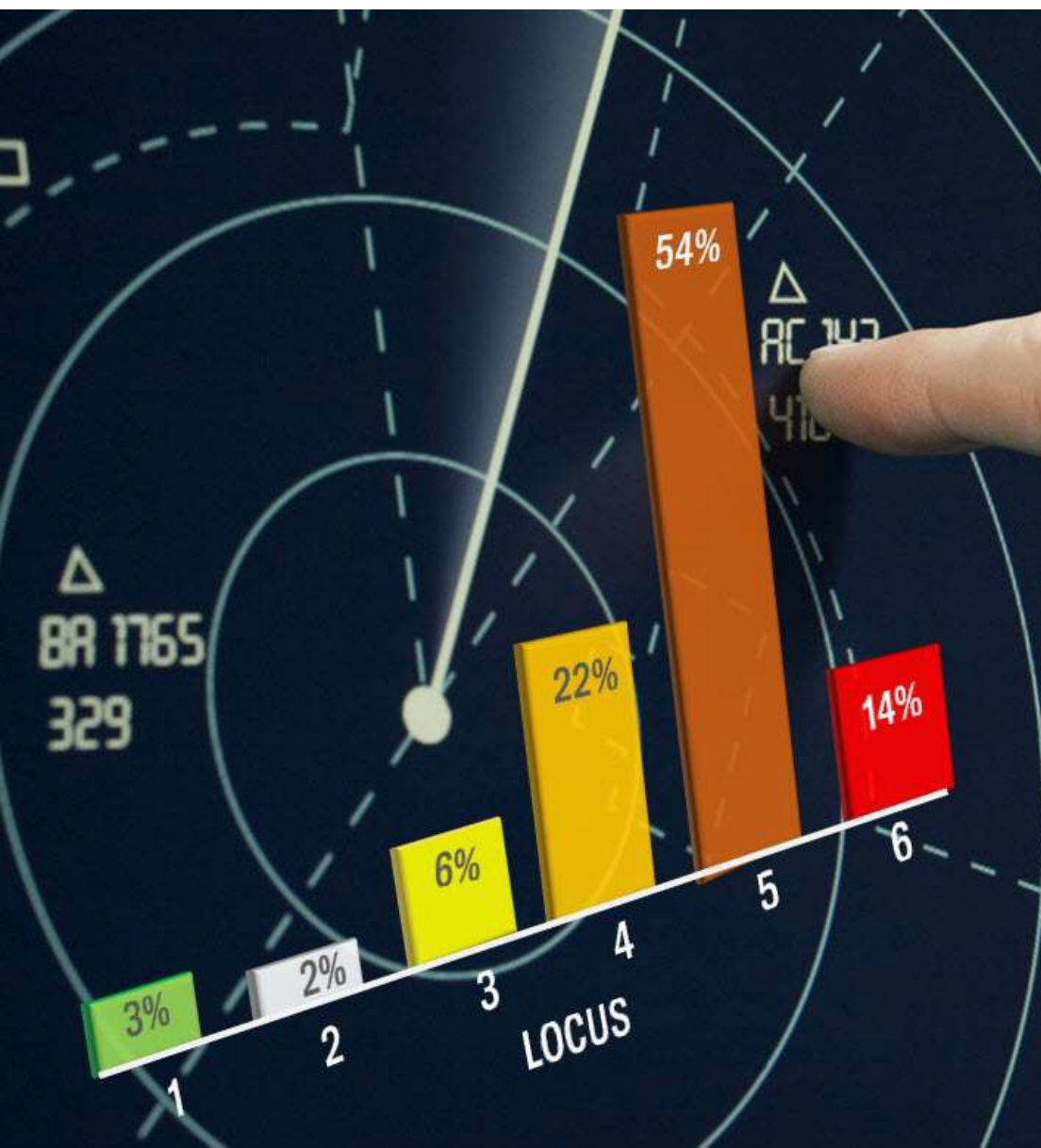
- ▶ “Street Triage” focus
- ▶ 70%-75% Community Stabilization
- ▶ 2-Person Teams
  - ▶ Clinician
  - ▶ Peer
- ▶ Shift from Law Enforcement Being the Caregiver of Last Resort
- ▶ It is Already Being Done! - in Arizona and Multiple other States



# Crisis Stabilization Facilities

- ▶ Receiving Center
- ▶ ED Diversion
- ▶ PD Drop Offs
- ▶ No Wrong Door
  - ▶ Voluntary / Involuntary
  - ▶ Inclusion versus Exclusion
- ▶ Length of Stay
- ▶ Consistent Outcomes in New Locations

We utilized more than a decade of statewide crisis data to produce the analysis in this report.



# A Fully Informed Model

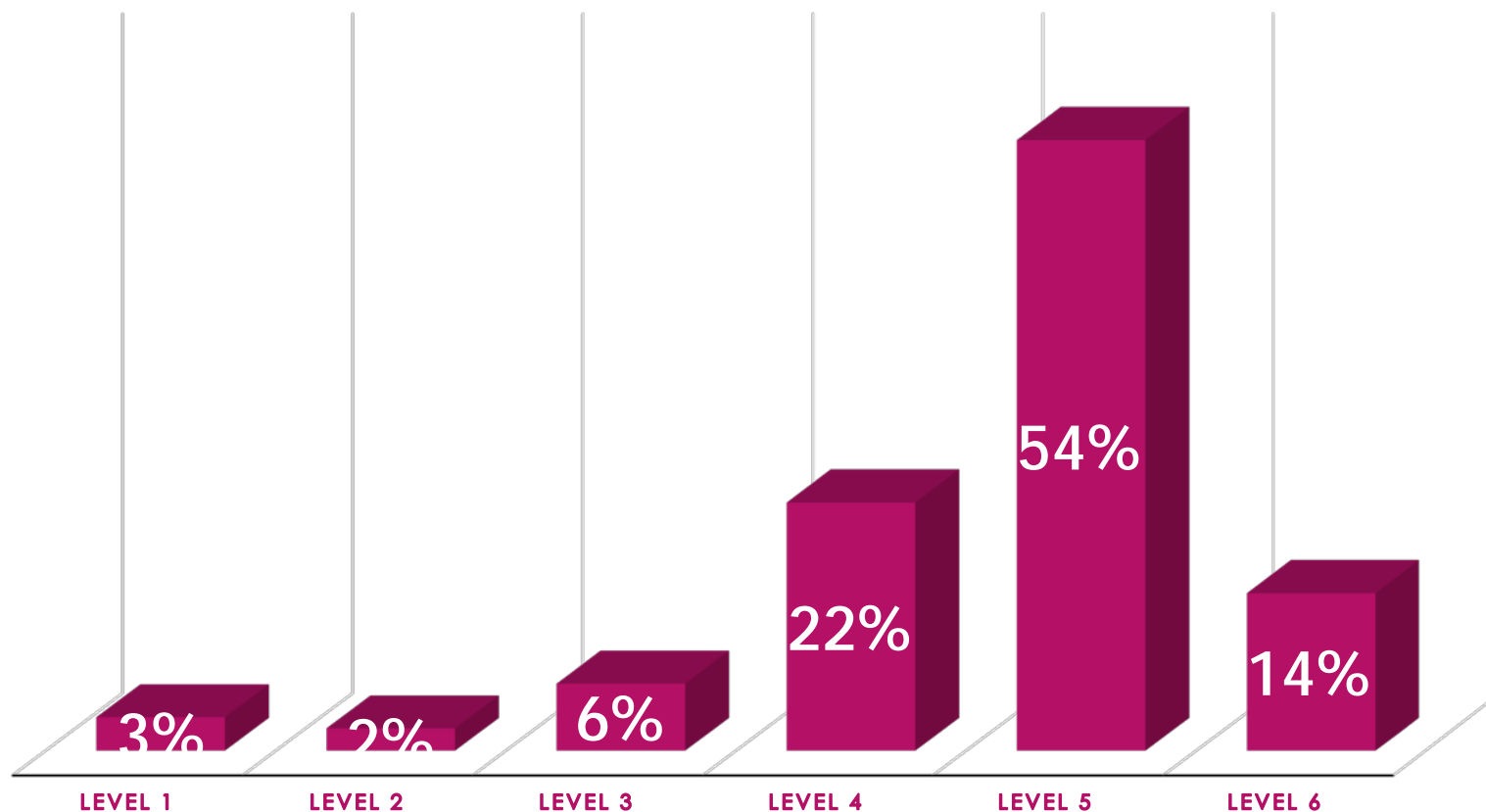


Our team compared the outcomes of a traditional inpatient beds model alone versus a Crisis Now continuum model in a metropolitan population of 4 million.



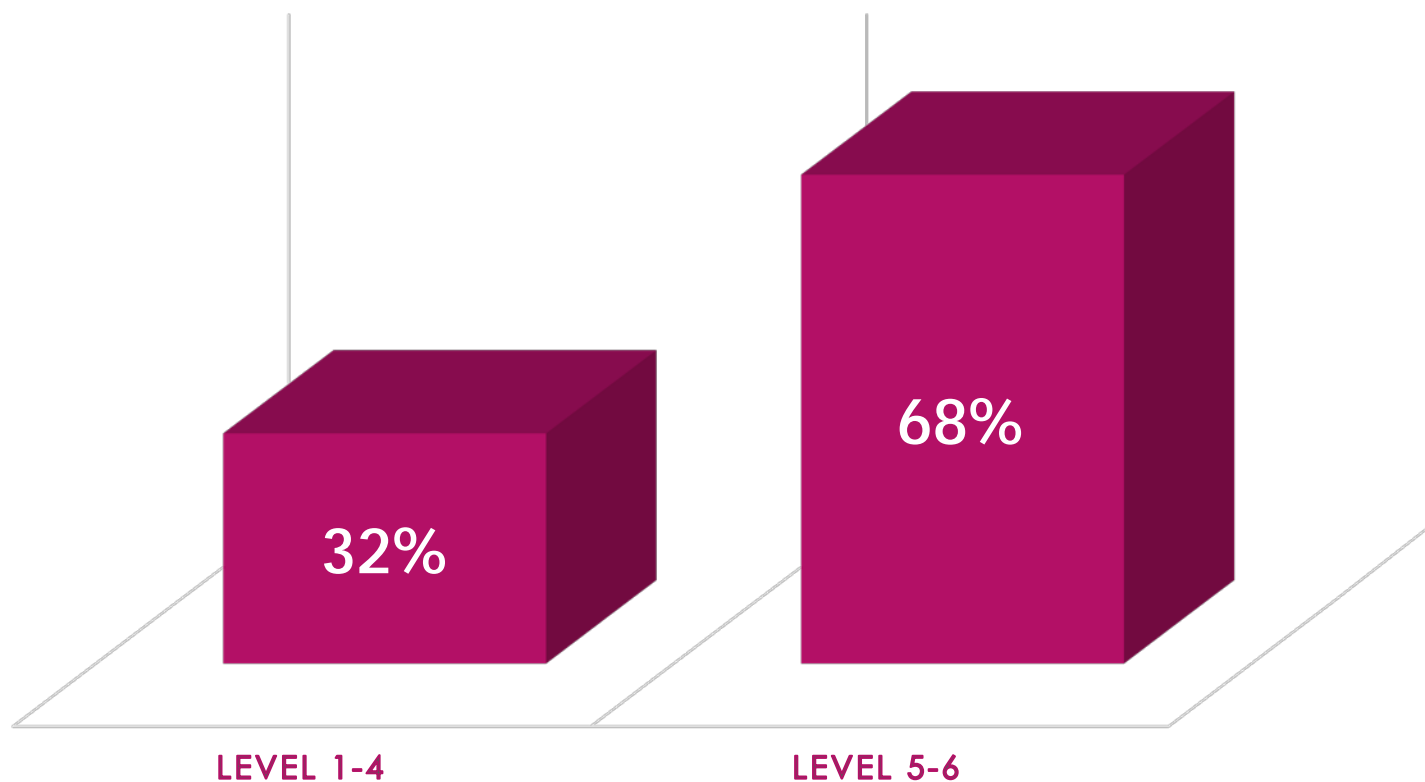
# Clinical Care Fit to Need

## LOCUS DISTRIBUTION



# Clinical Care Fit to Need

## POOR ALIGNMENT TO CLINICAL NEED





# The Crisis Now Difference

In 2016, metro area Phoenix law enforcement engaged 22,000 and transferred them *directly* to crisis facilities and mobile crisis without visiting a hospital ED.

Aetna/Mercy Maricopa 2017 report

*What difference did it make?*

13



**Improved Crisis Clinical  
Fit to Need (CCFN) by 6x**

**Reduced potential state  
inpatient spend by \$260m**



**Saved hospital EDs \$37m  
in avoided costs/losses**

**Reduced total psychiatric  
boarding by 45 years**

Calculated from  
Arizona data,  
2017

**Saved the equivalent of  
37 FTE Police Officers**



Calculated from "Impact of psychiatric patient boarding in EDs" (2012) (Nicks and Monahan)

BJA presentation at ISMICC (2017), Madison, Wisconsin data

IMPACT

# The True Impact of Crisis Now



- ▶ Decreased Barriers to Care
- ▶ Behavioral Health Provided by Behavioral Health Care Professionals
- ▶ Reduced Psychiatric Boarding
- ▶ Reduced Incarceration
- ▶ Lower Lengths of Stay



# It's Been a Bad Day

Crisis Now

It's Been a Bad Day (Crisis Now)



BUILT TO RESPOND IMMEDIATELY TO YOUR CRISIS

# Thank You!



▶ Questions?

Jamie Sellar MA, LPC  
Chief Strategy Officer  
RI International

[Jamie.Sellar@riinternational.com](mailto:Jamie.Sellar@riinternational.com)