



**WHAT PEOPLE
THINK**



WHAT WE DO

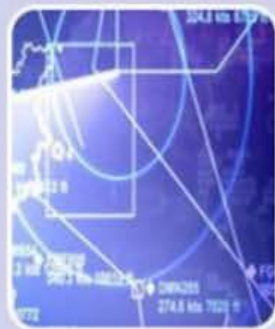
The Crisis Now model includes three core services:

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



State/Regional Self-Assessment

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



	① Call Center Hub	② Mobile Outreach	③ Sub-acute Stabilization	Crisis Now System	Level 5 System Also Conforms to 4 Modern Principles
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 st Responders	
Level 5: FULLY INTEGRATED	Air Traffic Control Connectivity	Adequate Access Statewide	Adequate Access Statewide	Adequate Access Statewide Plus →	① 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 Screening, Safety Planning and Follow-up
Level 3: PROGRESSING	Formal Partnerships	Adequate Access <1 Hr Response	Adequate Access >50% Bed Available	Adequate Access Major Payers Included	③ Trauma-Informed, Recovery Model
Level 2: BASIC	Shared MOU/ Protocols	Some Availability Limited to Urban	Some Availability Limited to Urban	Limited State/ County Support	④ Significant Role for Peers
Level 1: MINIMAL	Agency Relationships	None or Very Limited Availability	None or Very Limited Availability	Fragmented Status Quo	

Change Is Underway

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

[LEARN MORE](#)

CrisisNow.com

Crisis Call Center Hub Video





% whose assessed need matched their linked crisis service

STEP 1



Compute your crisis system flow.

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

Greater Phoenix
Community

4m
Total Pop.

Divide by 100k and multiply by 200

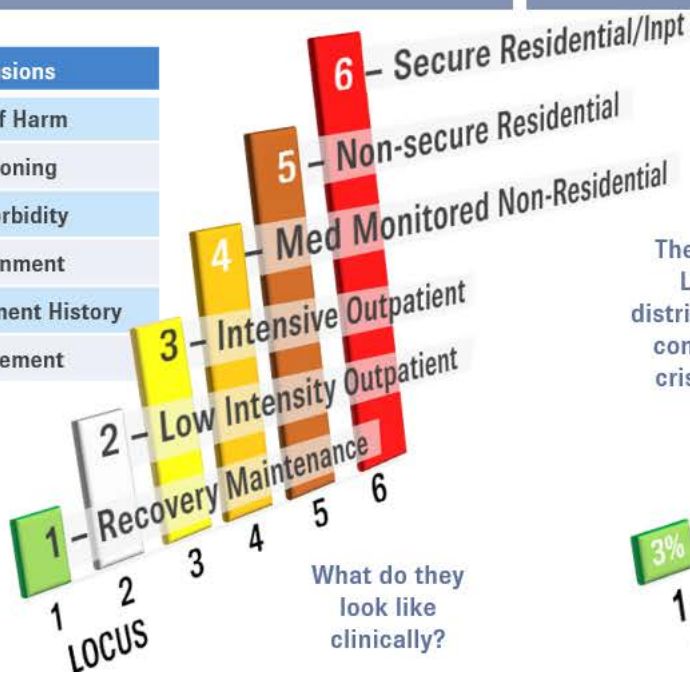
8,000
Monthly Crisis Flow

What do they look like clinically?

STEP 2

LOCUS Levels of Care

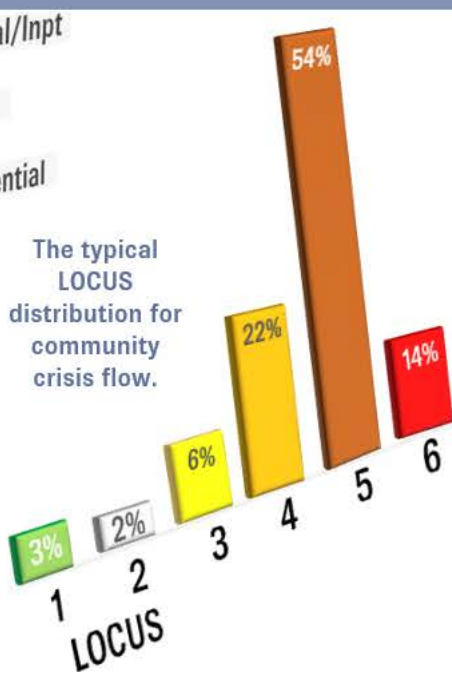
Dimensions	
Risk of Harm	
Functioning	
Co-Morbidity	
Environment	
Treatment History	
Engagement	



What do they look like clinically?

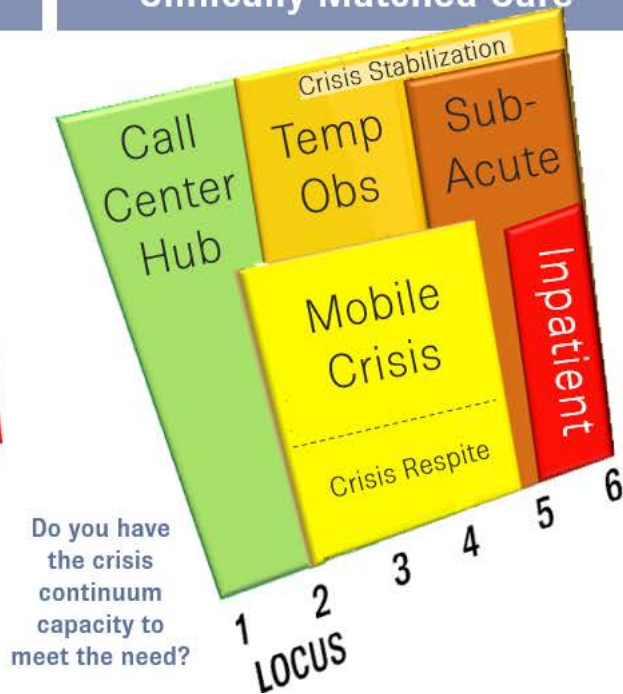
STEP 3

Stratified Crisis Need



STEP 4

Clinically Matched Care



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.

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



2016

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.



2016



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 logo consists of a square divided into four quadrants: top-left is dark blue, top-right is maroon, bottom-left is orange, and bottom-right is yellow.

**Riverside
University**
HEALTH SYSTEM
Behavioral Health



RI Recovery
Innovations
Crisis Stabilization Unit

BEFORE

The prior facility was temporary, but the change was dramatic nonetheless.



AFTER

9890 COUNTY FARM ROAD, RIVERSIDE, CA 92503



RIVERSIDE UNIVERSITY HEALTH SYSTEM
BEHAVIORAL HEALTH

1 Administration

2 Mental Health 24/7 Urgent Care

3 Lagos

9
8
9
0





2

♿
PARKING
ONLY
MINIMUM
FINE \$250

3

Lagos



333

334



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

