

Crisis Now: Transforming Services is Within our Reach

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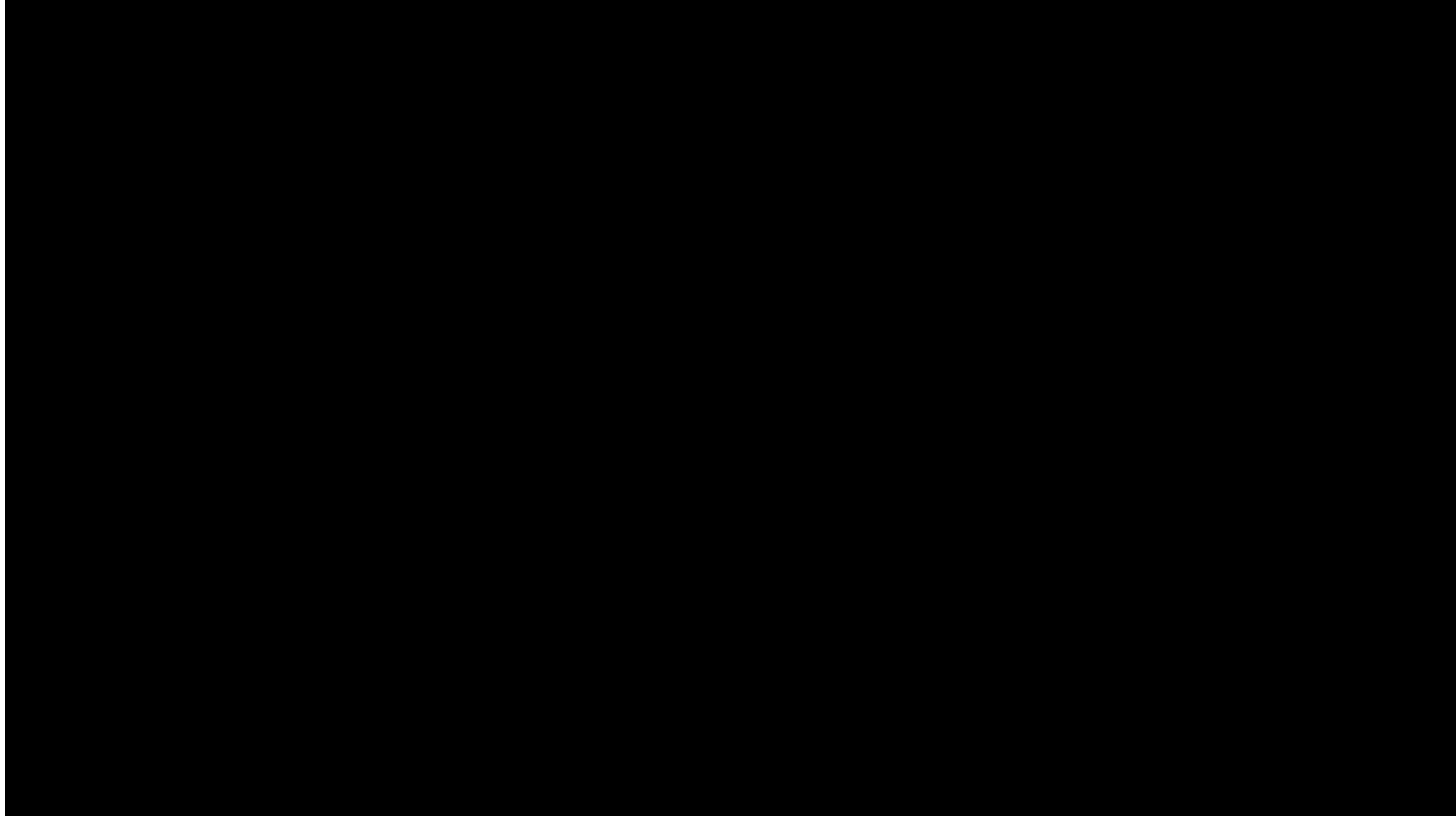
Crisis Now

In 2015, the National Action Alliance for Suicide Prevention launched the Crisis Services Task Force, with 30 consensus national experts on crisis, representing a diverse background:

- Pioneering Crisis Care Organizations/Programs
- Health Plans and State Authorities
- Lived Experience of Peers, Families
- Consultants and Policy Makers
- First Responders and Medical Leadership



Crisis Now Overview



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

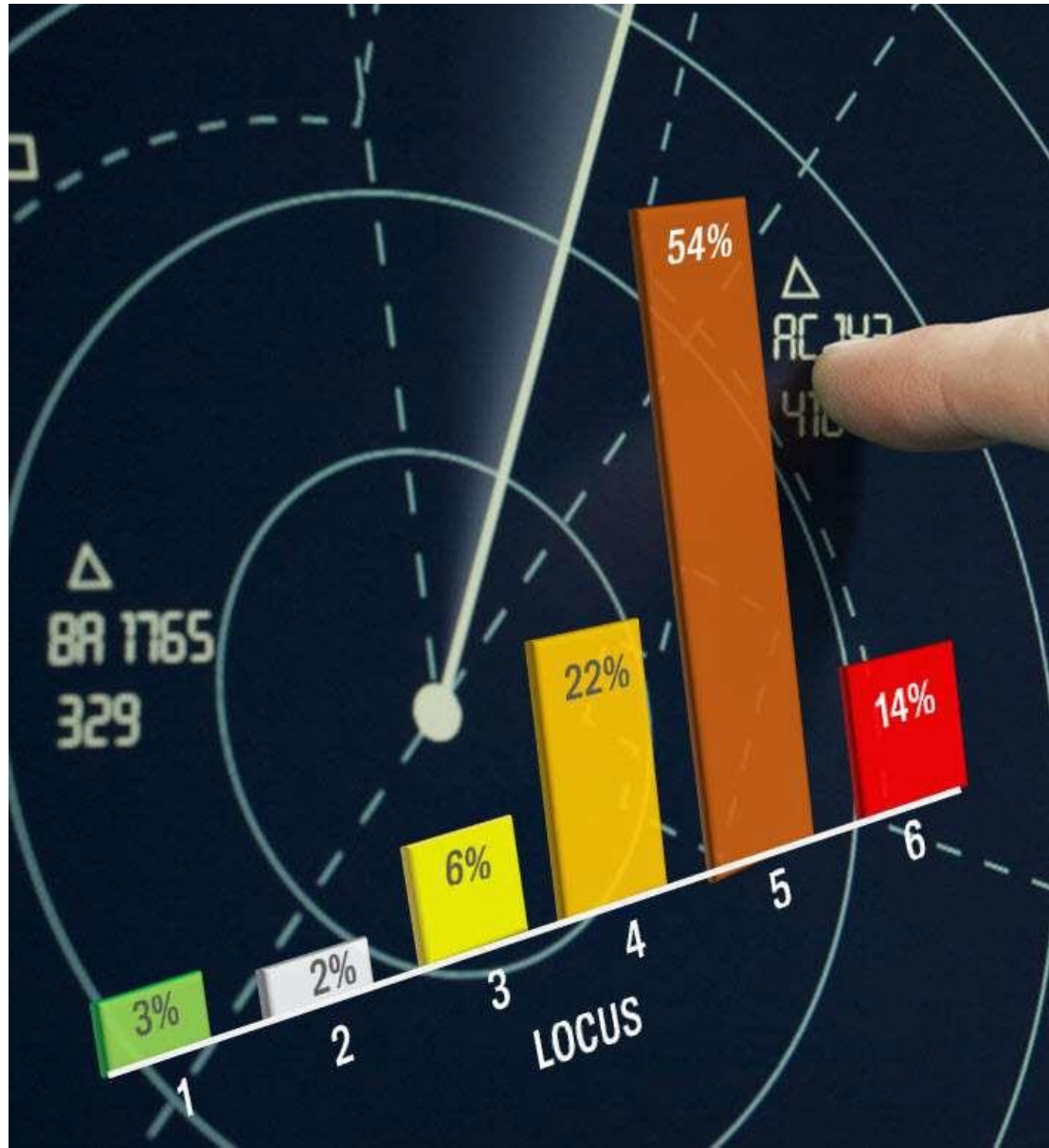
These must include a recovery orientation, trauma-informed care, significant use of peer staff, a commitment to Zero Suicide/Suicide Safer Care, strong commitments to safety for consumers and staff, and collaboration with law enforcement.

Differences in 24/7 Care



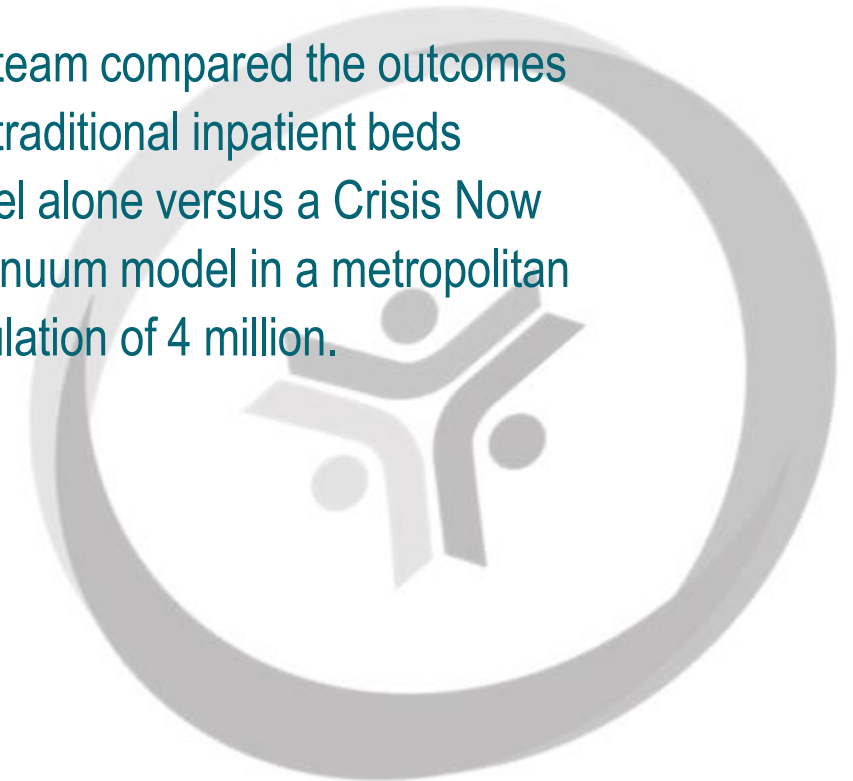
Creating a
New Culture
of Guest
Engagement

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.



Crisis Now Crisis System Calculator Projections - Indiana		
	No Crisis Care	Crisis Now
# of Crisis Episodes Annually (200/100,000 Monthly)	160,605	160,605
# Initially Served by Acute Inpatient	109,211	22,485
# Referred to Acute Inpatient From Crisis Facility	-	8,938
Total # of Episodes in Acute Inpatient	109,211	31,422
# of Acute Inpatient Beds Needed	2,327	670
Total Cost of Acute Inpatient Beds	\$ 679,537,905	\$ 195,517,046
# Referred to Short-Term Bed From Stabilization Cha	-	35,751
# of Crisis Beds Needed	-	272
Total Cost of Crisis Facility Beds / Chairs	\$ -	\$ 79,445,976
# Initially Served by Crisis Stabilization Facility	-	86,727
# Referred to Crisis Facility by Mobile Team	-	15,418
Total # of Episodes in Crisis Facility	-	102,145
# of Crisis Stabilization Chairs Needed	-	320
Total Cost of Crisis Facility Beds / Chairs	\$ -	\$ 93,389,555
# Served Per Mobile Team Daily	4	4
# of Mobile Teams Needed	-	49
Total # of Episodes with Mobile Team	-	51,394
Total Cost of Mobile Teams	\$ -	\$ 17,248,545
# of Unique Individuals Served	109,211	160,605
TOTAL Inpatient and Crisis Cost	\$ 679,537,905	\$ 385,601,121
ED Costs (\$1,233 Per Acute Admit)	\$ 134,657,717	\$ 38,743,797
TOTAL Cost	\$ 814,195,621	\$ 424,344,918
TOTAL Change in Cost		-48%

Population Census	6,691,878
ALOS of Acute Inpatient	7
Avg. Cost of Acute Bed/Day	\$ 800
<i>Please edit these 3 variables to estimate optimal allocations</i>	

Crisis Services Task Force

Action Alliance

Crisis Now

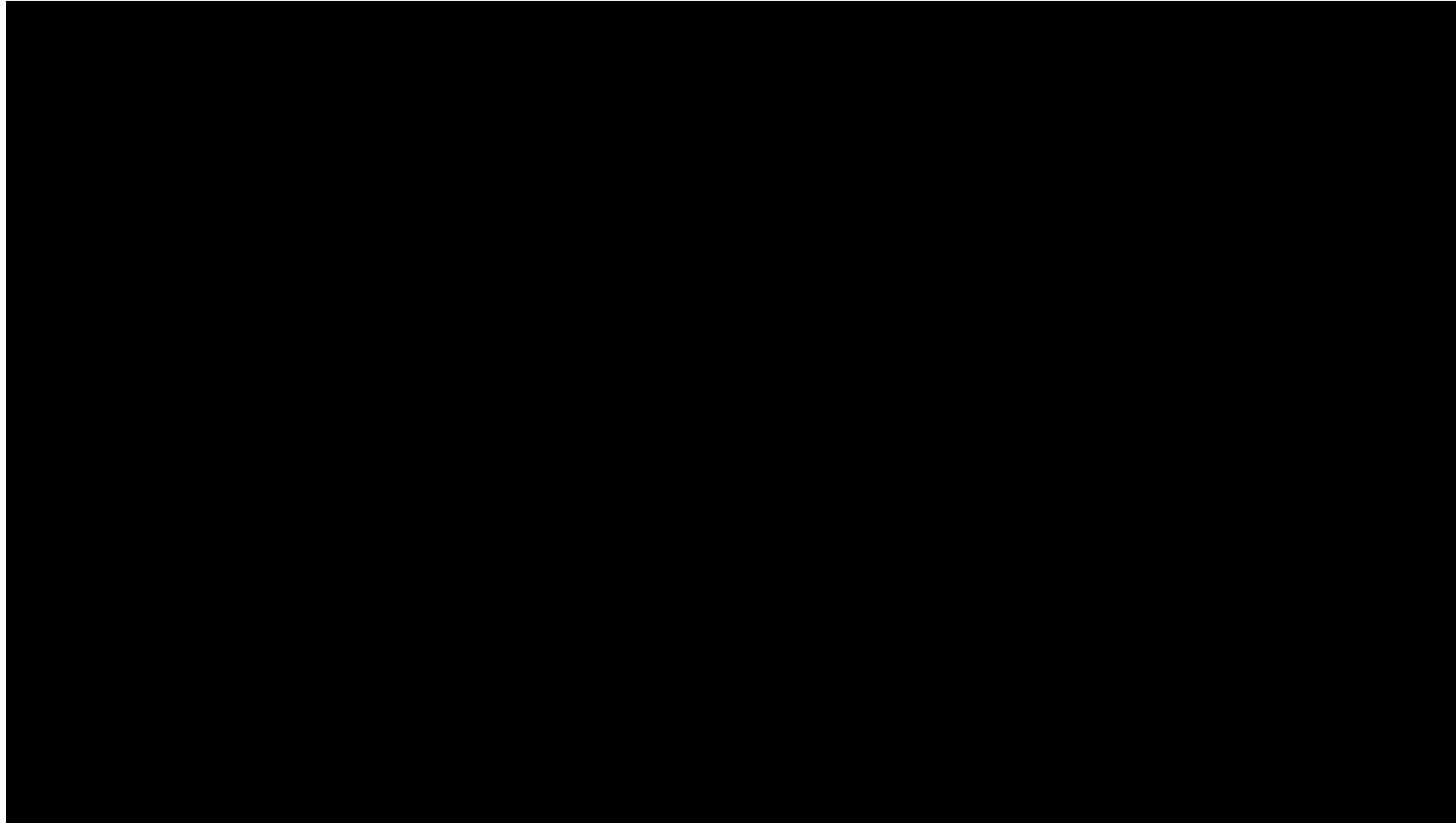
Transforming Services is Within Our Reach

High Tech

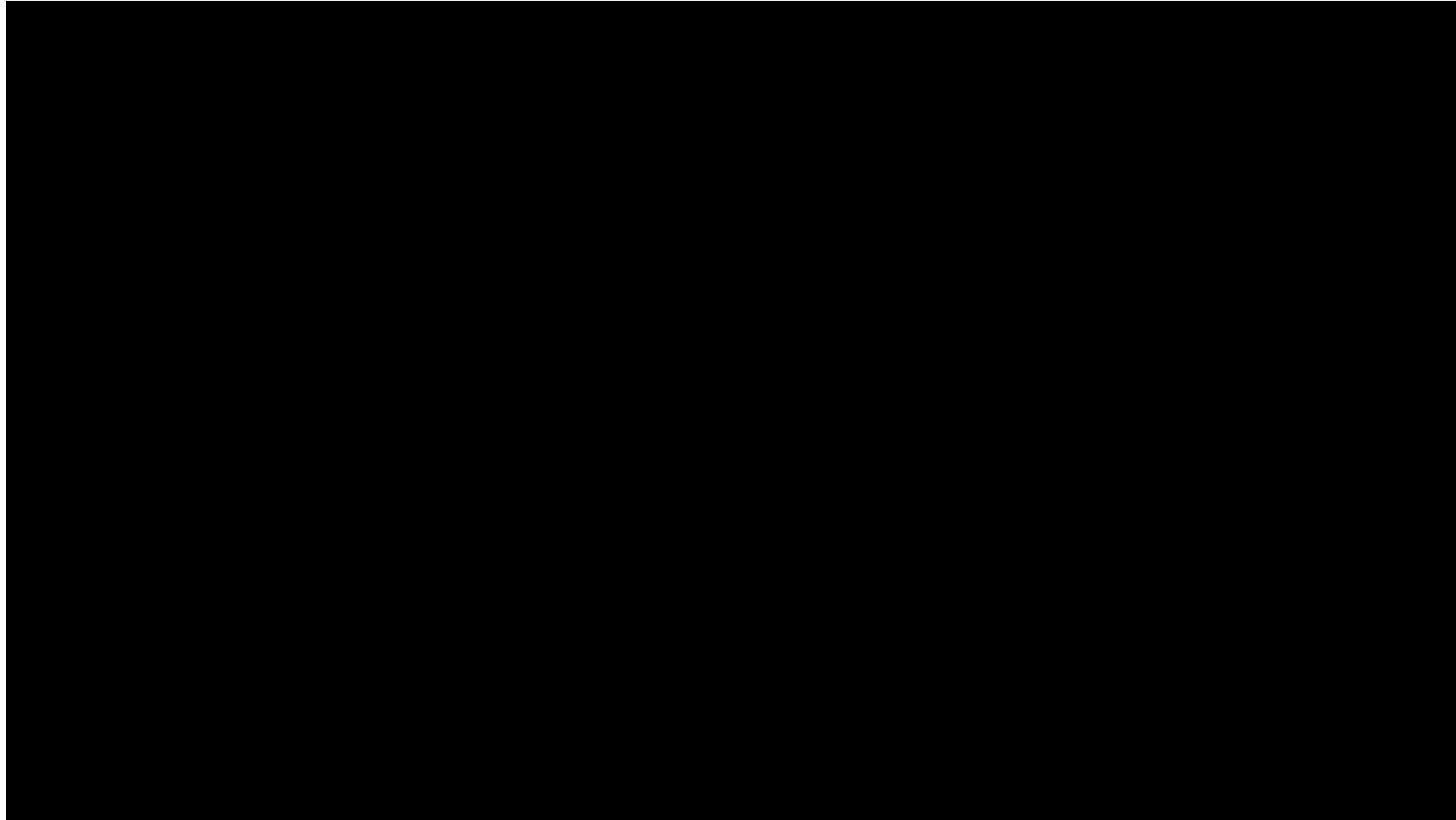
Home-Like

Their Place

Crisis Call Center – Air Traffic Control Hub



Facility Based Crisis Services



Thank You!

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