

Facility Based Crisis Services

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What is “Crisis Services”

- Anybody
- Anytime
- Anywhere



Crisis Now – Crisis Stabilization Facilities

- *The current literature generally supports that crisis residential care is as effective as other longer psychiatric inpatient care at improving symptoms and functioning. It also demonstrates that the satisfaction of these services is strong, and the overall costs for residential crisis services are less than traditional inpatient care. (page 9)*

SAMHSA News, “Guiding Principles of Trauma-Informed Care (2014). Spring, Volume 22, Number 2.

Crisis Now – Crisis Stabilization Facilities

- Function as an integral part of a regional crisis system serving the whole population rather than an offering of a single provider
- Operate in a home-like environment
- Utilize peers as integral staff members
- Have 24/7 access to psychiatrists



Crisis Now – Crisis Stabilization Facilities

- *Direct Law Enforcement Drop-Offs are an “Advanced Practice”*
- *“No Wrong Door” Model*



No Wrong Door

- Involuntary Status
- SUD Issues
- Potential for Violence
- Medical Status
- I/DD Issues
- Readmission Status



Why are “Crisis” Services Important



Let's Take a Tour



- [Facility Tour - Crisis Now](#)



Two Components

23-Hour Observation

- Recliners
- Flexible Limits on Capacity
- Staffing Variability
- No Wrong Door
- Cost (Inpatient + 25%)
- Safe and Secure

Short-Term Psychiatric

- Beds
- Firm Limits on Capacity
- Predicable Staffing Model
- Transferred Admission
- Cost (Inpatient)
- Safe and Secure

A Deeper Dive

KPI

- ALOS
- Diversion
- Conversion from involuntary
- S&R events
- PD Drop-off rates
- PD Drop-off times



A Culture and Beliefs

- Crisis Stabilization as the focus
- Engagement
- Role of Lived Experience
- Six Sigma
- Guest/Community/Agency



PATIENTS

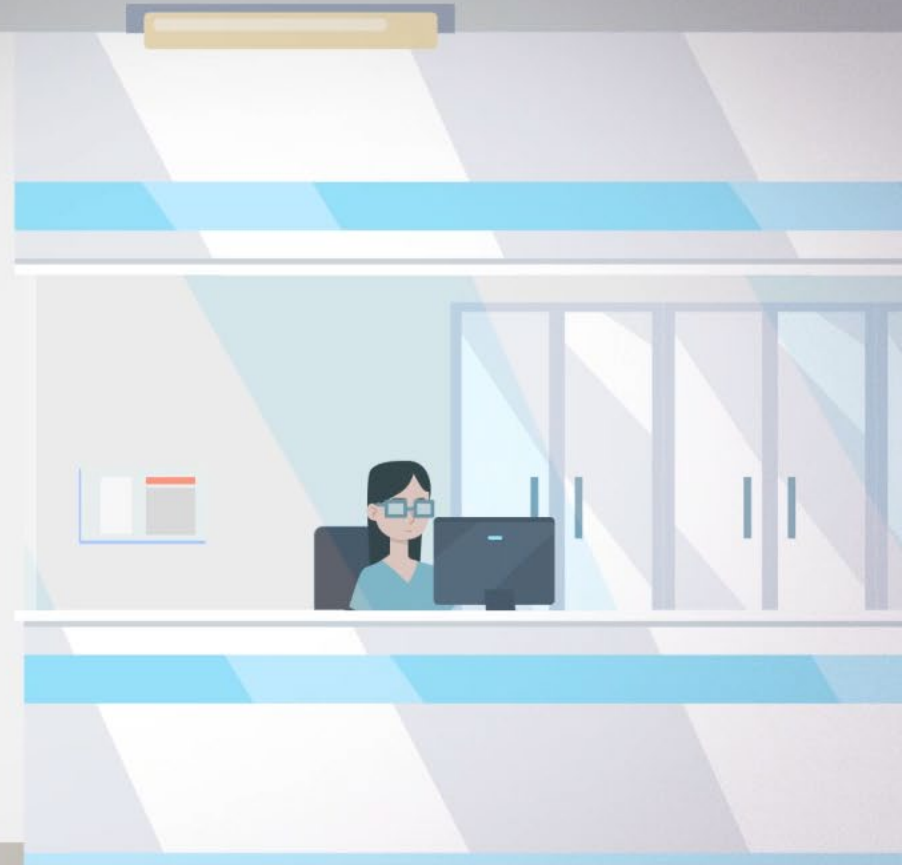
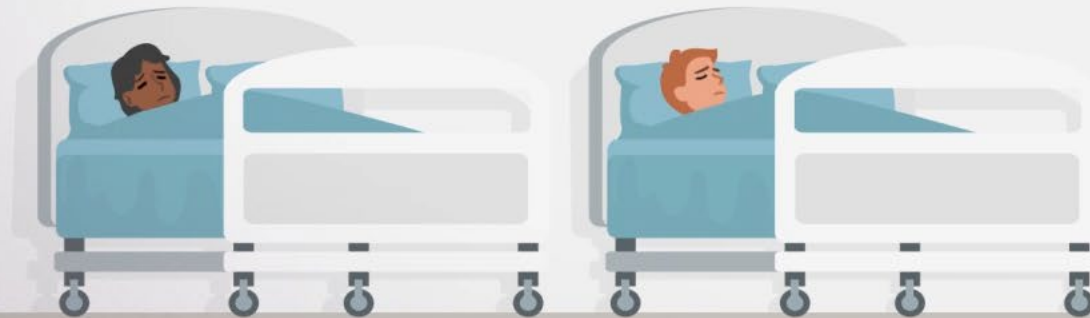
COLD

STERILE

VISITING HOURS
3-4PM



SECLUSION AND
RESTRAINT ROOM



GUESTS

WARM

WELCOMING





High Tech



High Touch

Thank You!

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