Crisis Now – Exceptional Practices Lead to System’s Success in AZ

A Crisis Now Case Study

Roadmap to Level 5 Crisis Services

Good crisis care reduces and prevents suicides while providing more immediate and targeted help for the person in distress. In addition, it cuts cost of care substantially by reducing the need for psychiatric hospital bed usage, emergency department visits, and law enforcement overuse. In general, mental health crisis care in the U.S. is inconsistent and inadequate but there are states and regions that are positively transforming crisis services using Crisis Now principles; including the state of Arizona.

Members of the Crisis Services Task Force of the National Action Alliance for Suicide Prevention (Action Alliance) created the Crisis Now concept and authored the Crisis Now paper; identifying the exceptional practices desired in a crisis services. RI International has been involved in each step of Crisis Now evolution and has developed a standardized assessment tool to assist healthcare systems, regions and states in understanding how their existing practices align with these standards.

The Crisis Now assessment evaluates four key crisis elements; rating each individually on a scale of 1 – 5 to assess alignment with consensus exceptional practices defined by the National Action Alliance for Suicide Prevention Crisis Task Force.
Effective crisis care that saves lives and dollars requires a systemic approach and Crisis Now calls for the following four key elements to be in place:

1. Regional or statewide crisis call centers coordinating in real time;
2. Centrally deployed, 24/7 mobile crisis teams;
3. Short-term, “sub-acute” crisis stabilization programs; and
4. Essential crisis care principles and practices.

2. AZ’s Crisis Now
24/7 Mobile Crisis Rating

The Crisis Now evaluation process rates AZ’s Mobile Crisis services at 4.5; approaching the highest rating possible. The state of Arizona provides statewide access to after-hours crisis services and in higher populous areas is able to meet persons in crisis at their home, apartment or on the street. Otherwise mobile crisis connections are made through phone, chat or text services and include referrals for follow-up services and use of GPS technology to more quickly connect to care. Programs include contractually required response times and medical backup.

3. AZ’s Crisis Now
Sub-Acute Stabilization Rating

Arizona has greatly improved its statewide access to sub-acute stabilization facilities; significantly reducing the burden on its ED’s. Agencies in highly populated areas such as Phoenix and Tucson have incorporated highly successful peer-staffed respite, are electronically tracking bed availability in real-time, and have succeeded in cutting the direct law-enforcement drop-off time to less than 10 minutes.

4. AZ’s Crisis Now
Essential Crisis Care Principles and Practices.

Arizona earns a ranking of 5 for fully embracing the essential crisis care principles and practices of Crisis Now including the four following principles:

✓ Priority Focus on Safety/Security
✓ Suicide Care Best Practices
✓ Trauma-informed Recovery Model
✓ Significant Role for Peers

For more detail re: AZ’s Case Study, view the Crisis Now Arizona Successes Video: http://crisisnow.com/the-video/

To have your system rated for crisis readiness, email us at consulting@riinternational.com.

5 Reasons Crisis Now is Needed

1. Thousands of Americans die from suicide every month;
2. Unspeakable pain for family members of those coping with serious mental illness;
3. Psychiatric Boarding - Individuals in mental health crisis wait for days in EDs
4. The wrong care/place - Jails, EDs and inpatient care substituting for mental health crisis services; and
5. Law enforcement substituting for mobile crisis.