YOLO COUNTY
HEALTH AND HUMAN SERVICES AGENCY

Yolo County Crisis & CRISIS NOW

Ian Evans, Adult & Aging Branch Director

CONTINUUM OF CRISIS

IN CRISIS	STRUGGLING	SURVIVING	THRIVING	EXCELLING
Danger to self	Anxious	Worried	Positive	Cheerful
Danger to others	Depressed	Nervous	Calm	Joyful
Gravely disabled	Tired	Irritable	Performing	Energetic
Active psychosis	Poor Performance	Sad	Sleeping Well	High Performance Flow
	Poor Sleep	Trouble Sleeping	Eating Normally	Fully Realizing Potential
	Poor Appetite	Distracted	Normal Social Activity	
		Withdrawn		

HISTORY OF CRISIS RESPONSE IN YOLO COUNTY

MOBILE CRISIS

1981 - 2011

CRISIS INTERVENTION TRAINING

2008 - Present

SB82

2014 - 2017

CO-RESPONDER STAFF

2014 - 2017

2020 - Present

URGENT CARE

2017 - 2020

DIVERTING DRUG CHARGES

2020 - Present

CRISIS NOW

2021 - FOREVER

DISPATCH CONNECTION

In Progress

Current Community Crisis Flow

Police
- Workforce with minimal MH training
- May escalate crisis

Individuals, Friends, Family Walk-In

Primary Care & Social Services

Crisis Call Lines

Mobile Outreach
- Few locations
- Limited timeframes
- Inconsistent responses

HOSPITAL ED

SERVICES DECLINED
- Referred back to community/ natural supports
- No therapeutic support
- Incarceration/Relocation

ACUTE SERVICES
- Extreme cases only where capacity exists
- Interminable waits common

PSYCH HOSPITAL

REFERRED ELSEWHERE
- Outpatient Mental Health
- Community Resources
- Detoxification/Substance Abuse Services

Homelessness

Social Isolation

Unemployment

Suicide

Increased Mental Trauma

YOLO COUNTY STATISTICS

50% of our residents who enter our local emergency departments on a 5150 hold are released back to community without receiving inpatient treatment.

Of the 50% that go to inpatient treatment, approximately 50% stay less than 4 days, indicating that they could benefit from short term beds as opposed to inpatient psychiatric hospitalization

And approximately 70% of all inmates booked into our jail are released within 3 days

Which indicates that they are not a threat to society but generally committing low level crimes, many of which are tied to active substance use.

FOUR CORE ELEMENTS FOR TRANSFORMING CRISIS SERVICES

HIGH TECH CRISIS CENTER

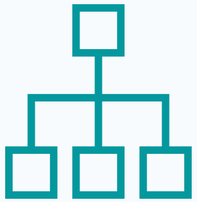
These programs use technology for real-time coordination across a system of care and leverage big data for performance improvement and accountability across systems. At the same time, they provide high-touch support to individuals and families in crisis.

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 AND 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.

The Crisis Now Difference

In 2016, according to Aetna/Mercy Maricopa, metropolitan area Phoenix law enforcement engaged 22,000 individuals that they transferred directly to crisis facilities and mobile crisis without visiting a hospital emergency department. *What difference did it make?*

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

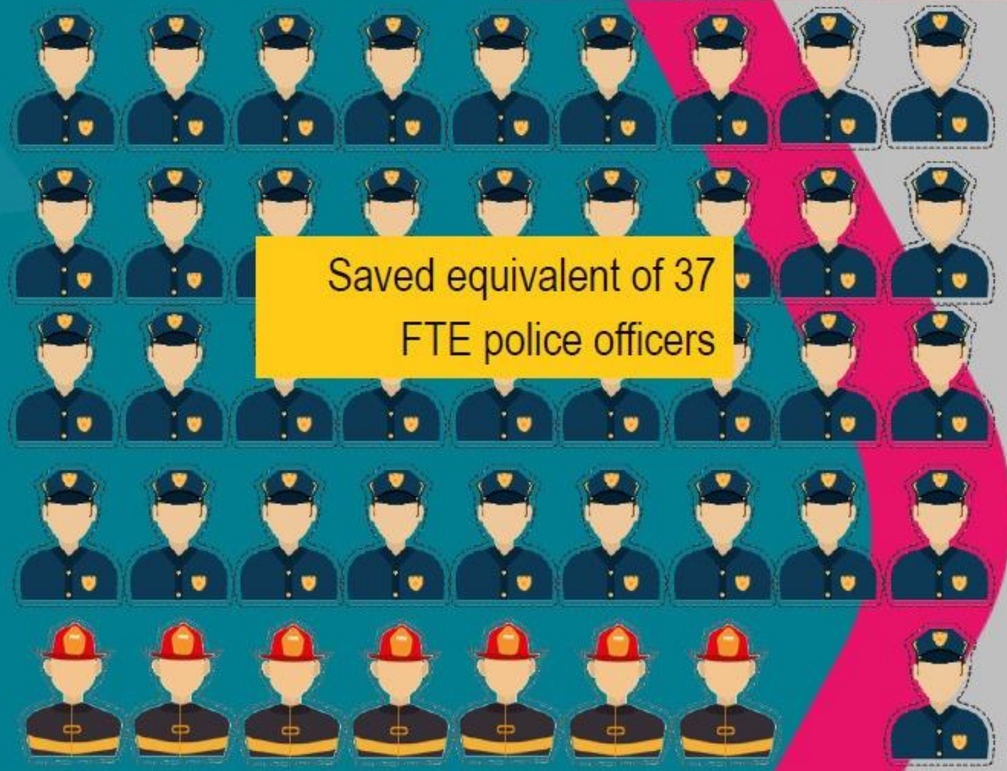
Saved hospital EDs $37m in avoided costs/losses

Reduced total psychiatric boarding by 45 years

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

Reduced potential state inpatient spend by $260m

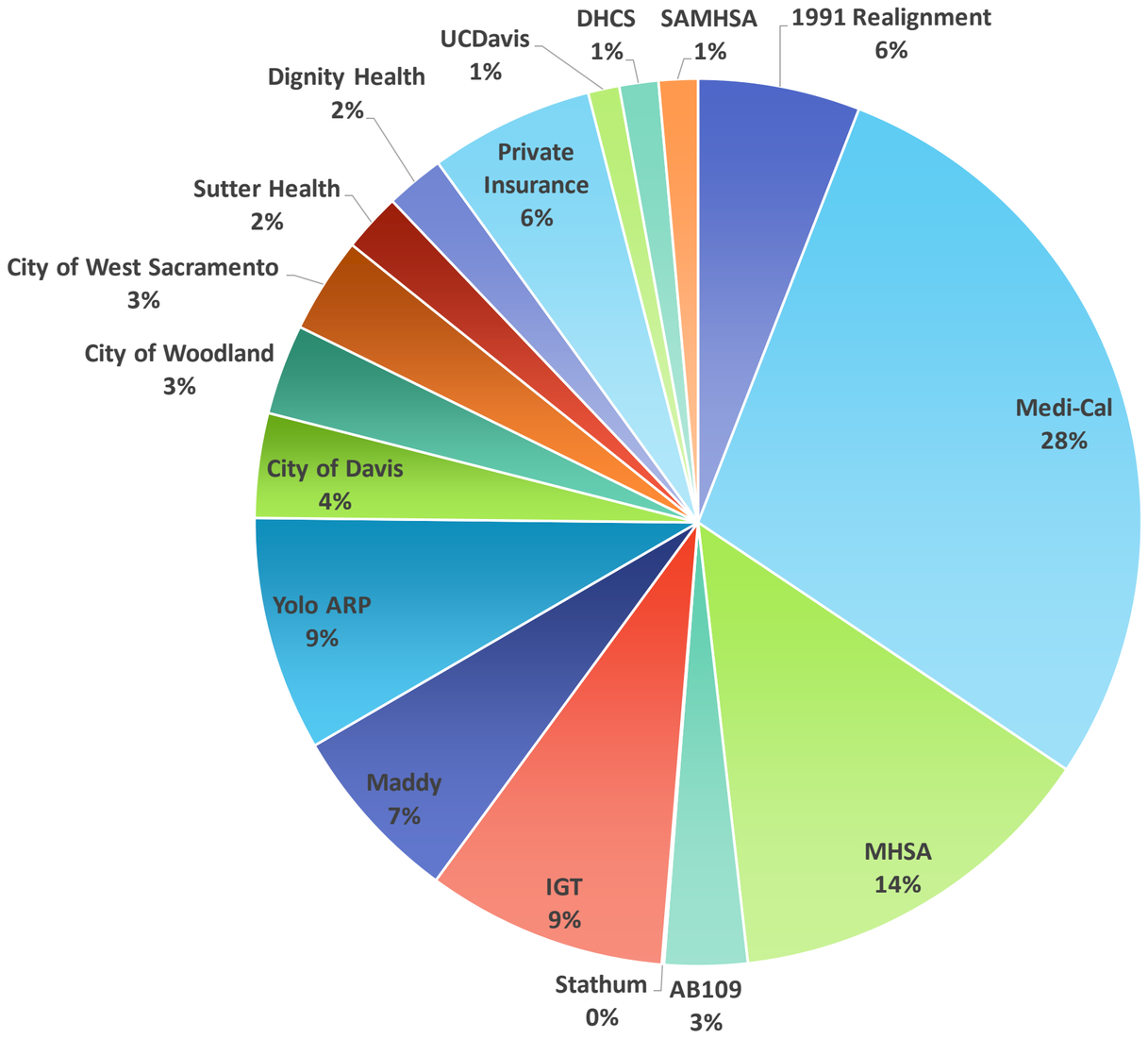
Calculated from Arizona data, 2017



Saved equivalent of 37 FTE police officers

Firefighter savings not yet realized / quantified.

Crisis Now Funding Matrix



- 1991 Realignment
- Medi-Cal
- MHSA
- AB109
- Stathum
- IGT
- Maddy
- Yolo ARP
- City of Davis
- City of Woodland
- City of West Sacramento
- Sutter Health
- Dignity Health
- Private Insurance
- UCDavis
- DHCS
- SAMHSA

FINANCIAL SUMMARY

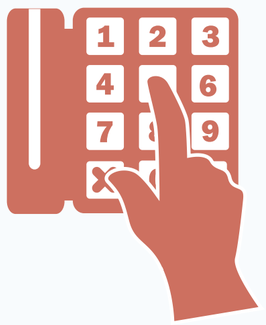
Average Yearly Expenditure (FFY 2021 - FFY 2025)

Crisis Line	$400,000
Mobile Crisis	$1,405,283
Crisis Receiving Center	$4,696,689
Short-Term Beds	$5,331,875

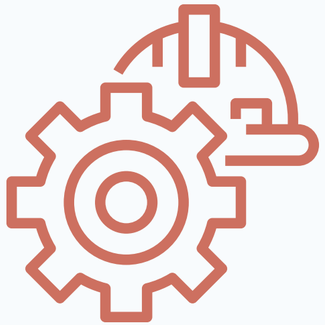
Est. Start-Up Cost: $1.7M

Average Yearly Cost: $11,833,847

NEXT STEPS



Release RFP for 24/7 Access Line



Site Locate and Renovate for 24/7 Receiving/Sobering Center

RFP / Contract for Crisis Provider

Moving from Co-Responder to Clinician/Peer