



YOLO COUNTY  
HEALTH AND HUMAN SERVICES AGENCY

**CRISIS NOW**

Karen Larsen, HHSA Director

COUNTY OF YOLO  
HEALTH & HUMAN SERVICES AGENCY  
GONZALES BUILDING

# CONTINUUM OF CRISIS



## IN CRISIS

Danger to self  
Danger to others  
Gravely disabled  
Active psychosis



## STRUGGLING

Anxious  
Depressed  
Tired  
Poor Performance  
Poor Sleep  
Poor Appetite



## SURVIVING

Worried  
Nervous  
Irritable  
Sad  
Trouble Sleeping  
Distracted  
Withdrawn



## THRIVING

Positive  
Calm  
Performing  
Sleeping Well  
Eating Normally  
Normal Social Activity



## EXCELLING

Cheerful  
Joyful  
Energetic  
High Performance  
Flow  
Fully Realizing Potential

MOBILE CRISIS

1981 - 2011

SB82

2014 - 2017

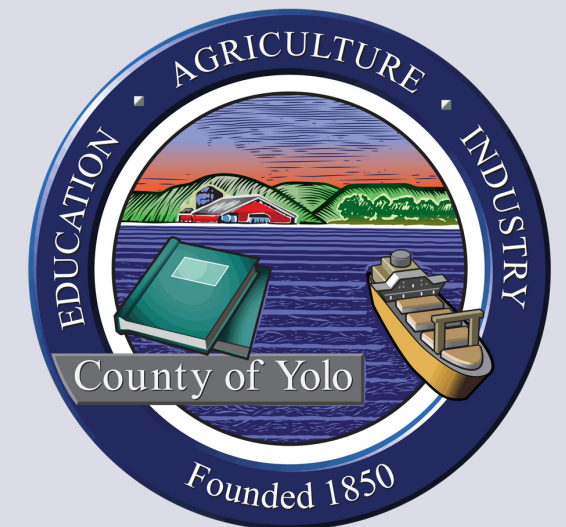
URGENT CARE

2017 - 2020

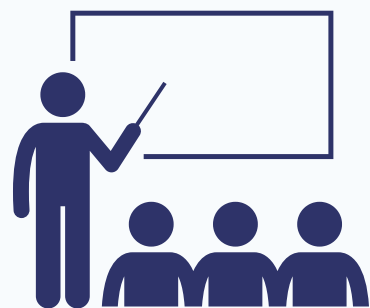
CRISIS NOW

2021 - FOREVER

# HISTORY OF CRISIS RESPONSE IN YOLO COUNTY



# WHAT YOLO COUNTY HAS DONE THUS FAR



## CRISIS INTERVENTION TRAINING

2008 - Present



## CO-RESPONDER STAFF

2014 - 2017  
2020 - Present



## DIVERTING DRUG CHARGES

2020 - Present



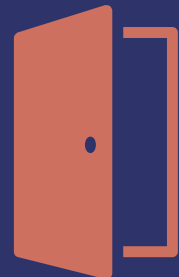
## DISPATCH CONNECTION

In Progress

# WHAT SERVICES ARE AVAILABLE



Navigation Center



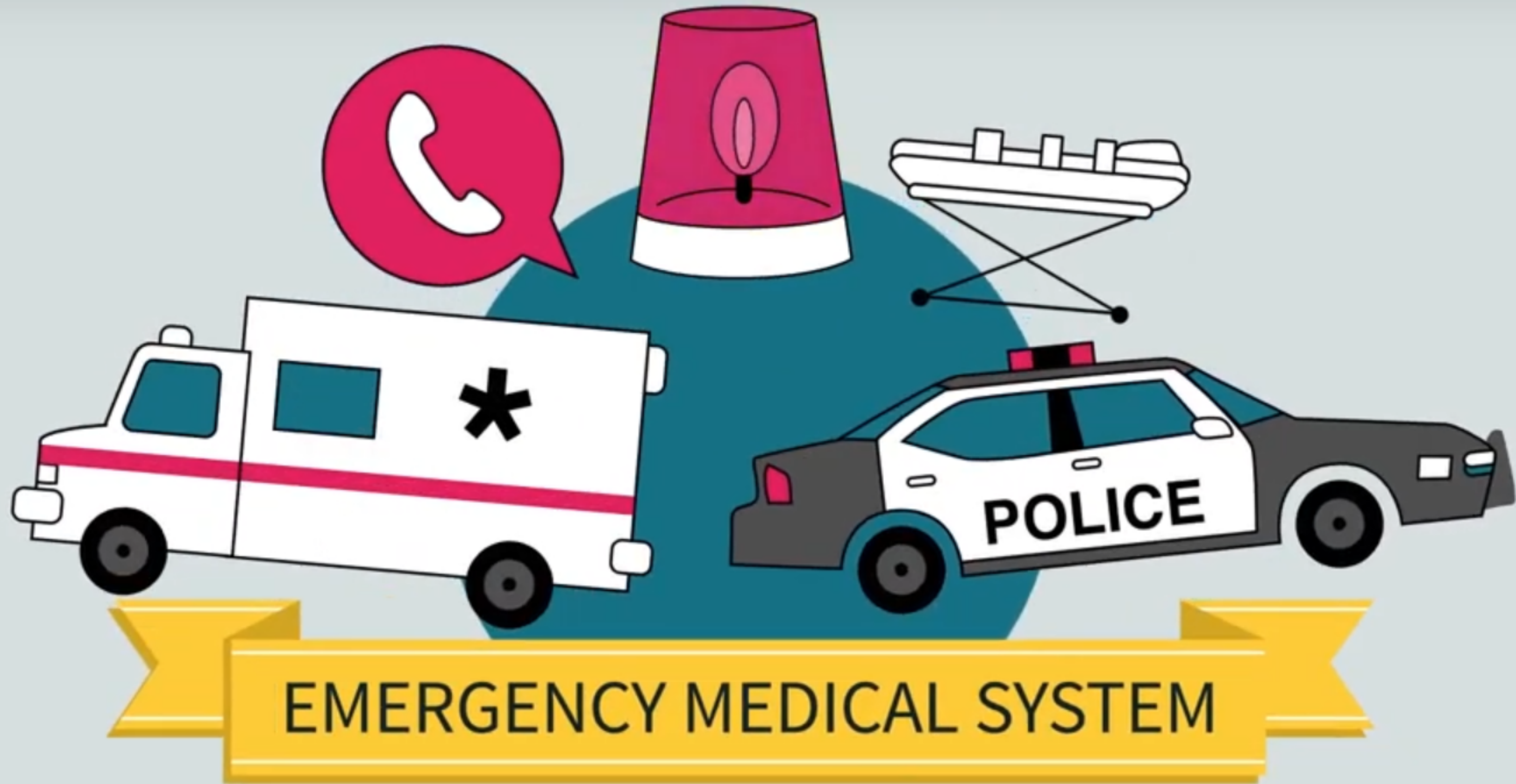
Respite Center



Access/Crisis Lines



Wellness Center



CRISIS NOW: "IT'S BEEN A BAD DAY"

# FOUR CORE ELEMENTS FOR TRANSFORMING CRISIS SERVICES



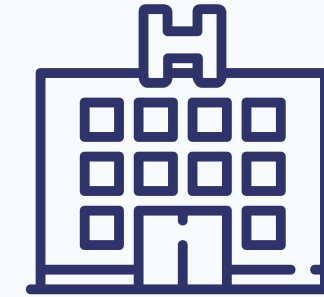
## HIGH TECH CRISIS CENTER

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.



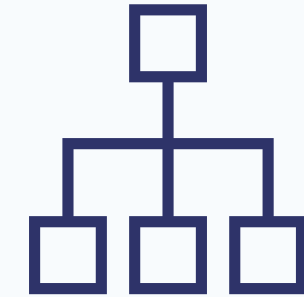
## 24/7 MOBILE CRISIS

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.

# CRISIS NOW COLLABORATIVE AND LEARNING SESSIONS

- ▶ Crisis System Planning Collaborative consisting of 13 educational sessions with multiple counties
- ▶ Weekly Technical Assistance Sessions specifically for Yolo County Staff
- ▶ Ongoing training and support
- ▶ Projections using the Crisis Now System Calculator



# VISION FOR THE MODEL IN ACTION



Access/Crisis Call Center (24/7)



Co-Responder vs Crisis Responder (24/7)



Receiving Center/Sobering Center (24/7)

# PERFORMANCE MEASUREMENTS

## PM1: How much did we do?

1.1: Total # of unduplicated clients served

1.2: Total # of Co-Responder Clinician responses

1.3: # and % of clients referred by each referral source (Law Enforcement Agency, Family/Self, HHSA/community MH or SUD provider, Other)

1.4: # and % of clients referred for each of Crisis, Mental Health needs, Substance Use Disorder needs, or Other

1.5: Total # of minutes spent providing training or presentations/consulting/reviewing holds written with Law Enforcement personnel

1.6: Total # of minutes spent providing training or presentations/consulting/reviewing holds written with Law Enforcement personnel.

## PM2: How well did we do it?

2.1: Average Clinician response time (from request notification to initial in-person contact with client, in minutes)

2.2: Average Clinician time spent on scene (in minutes)

2.3: Average law enforcement officer wait time for Clinician response (in minutes)

2.4: Law enforcement personnel satisfaction with Co-Responder project services

# PM3: IS ANYONE BETTER OFF?

## 3.1

# and % of clients served who were NOT placed on an involuntary hold

## 3.2

# and % of clients served who were NOT arrested/taken to jail

## 3.3

# and % of client served who were linked to an HHSA/community provider mental health and/or substance use provider

## 3.4

# and % of clients referred to an HHSA/community provider for homeless services

# OUTCOMES TRACKED WITH CRISIS NOW MODEL

- Population Census
- ALOS of Acute Inpatient
- Acute Inpatient Readmission Rate
- Acute Bed Occupancy Rate
- Avg. Cost of Acute Bed / Day
- Diversion Rate of Crisis Fac. (from Acute)
- ALOS of Crisis Subacute Bed
- Crisis Facility Readmission Rate
- Crisis Subacute Bed Occupancy Rate
- Avg. Cost Per Crisis Subacute Bed Per Day
- Rate of Escalation to Subacute Bed
- ALOS of Crisis Observation Chairs
- Crisis Bed Occupancy Rate
- Avg. Cost Per Crisis Bed/Chair Per Day
- Diversion Rate of Mobile (from Crisis Fac.)
- Cost Per Mobile Team

# CRISIS NOW SYSTEM CALCULATOR PROJECTIONS FOR YOLO COUNTY



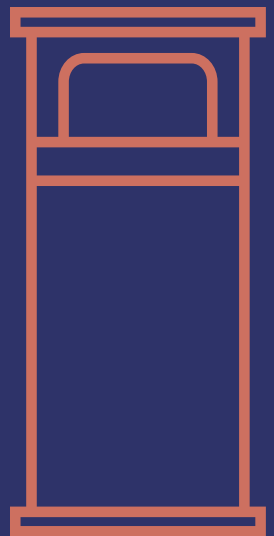
## Yolo County Annual Crisis Call Projections

Projected 988 Call Volume: **6166**

Projected Local Crisis Call Volume: **4558**

Projected Crisis Calls to 911 Volume: **16,086**

**Projected Total Crisis Call Volume: 26,810**



## Yolo County Annual Projected Bed Needs using Crisis NOW

# of Acute Inpatient Beds Needed: **38**

# of Short-Term Beds Needed: **16**

# of Crisis Receiving Chairs Needed: **10**

# of Mobile Crisis Teams Needed: **1**

# PROJECTED ANNUAL CRISIS CARE COSTS BY PAYER CATEGORY



Crisis Line Operations: \$400,805



Mobile Crisis: \$275,000

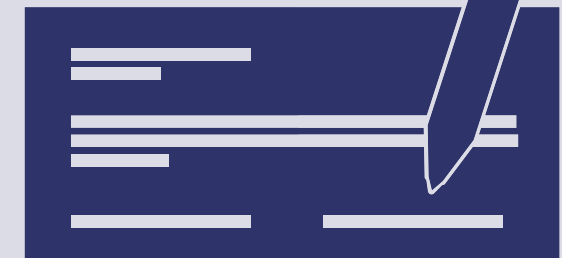


Crisis Receiving Center: \$4,679,842



Short-Term Beds: \$5,990,198

Est. Start-Up  
Cost: \$1.7M



# GAP IN FUNDING

Governor's Behavioral Health: \$TBD

## Ongoing Revenue

- Medi-Cal: \$3.9M
- CalAIM Sobering Center: \$TBD
- 9-8-8 Fees: \$TBD
  
- Existing Crisis Contracts: \$1.855 million
  
- MHSA Crisis Now: \$700,000
- Health Systems: \$TBD

**Total: \$5,660,000**

**Gap: \$5,685,845**

**Cost Sharing with Yolo County**

Ask from Cities

\$700,000 - \$1.2M each

June -  
September 2021

Release RFP for  
24/7 Access Line

October 2021 -  
March 2022

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

July - September  
2022

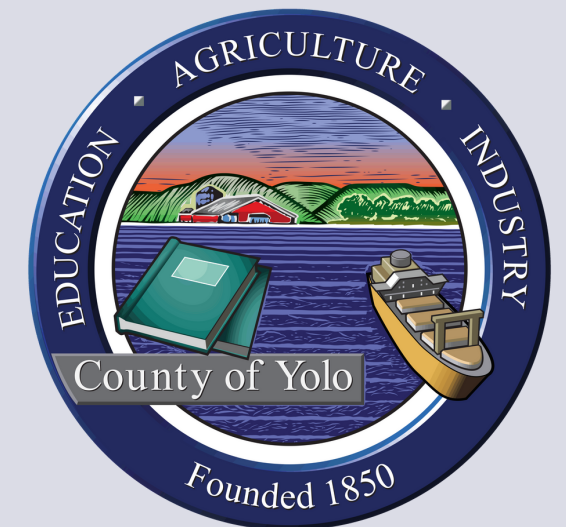
RFP / Contract for  
Crisis Provider

Future of Crisis  
Response

Moving from Co-  
Responder to  
Clinician/Peer

# TIMELINE

## RECEIVING/SOBERING CENTER



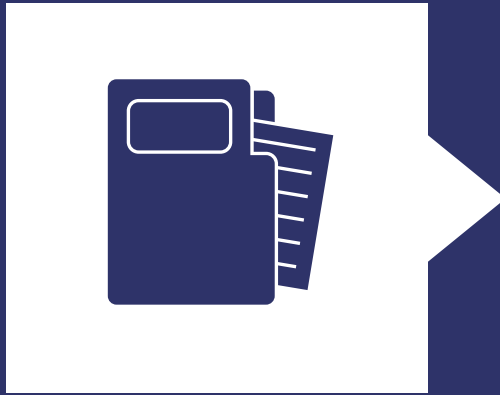


**Questions?**

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# RESOURCES



## CRISIS NOW WHITE PAPER

<https://theactionalliance.org/sites/default/files/crisisnow.pdf>



## "CARE TRAFFIC CONTROL" VIDEO

<https://www.youtube.com/watch?v=UVHUhge9YoQ>

