



YOLO COUNTY
HEALTH AND HUMAN SERVICES AGENCY

CRISIS NOW

Karen Larsen, HHSA Director

COUNTY OF
HEALTH & HUMAN SERVICES
GONZALES BUILDING

YOLO
HEALTH & HUMAN SERVICES AGENCY

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Withdrawn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

HISTORY OF CRISIS RESPONSE IN YOLO COUNTY

MOBILE CRISIS

SB82

URGENT CARE

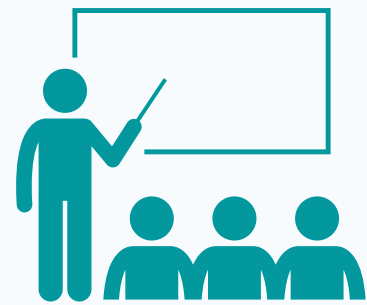
CRISIS NOW

1981 - 2011

2014 - 2017

2017 - 2020

2021 - FOREVER



**CRISIS INTERVENTION
TRAINING**

2008 - Present



CO-RESPONDER STAFF

2014 - 2017

2020 - Present



**DIVERTING DRUG
CHARGES**

2020 - Present



**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



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

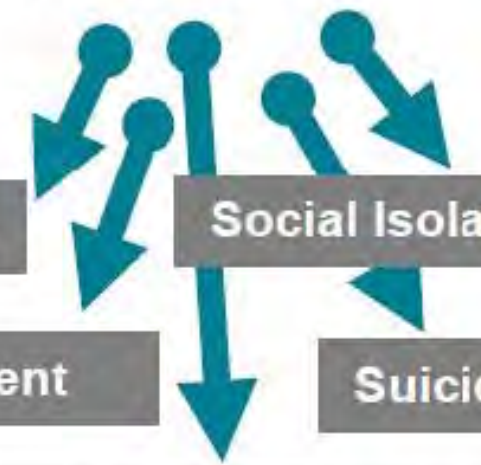
Homelessness

Unemployment

Social Isolation

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

More from Crisis Now:
[It's Been a Bad Day](#)



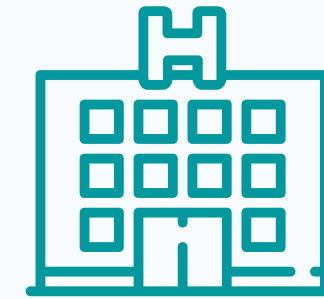
HIGH TECH CRISIS CENTER

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.



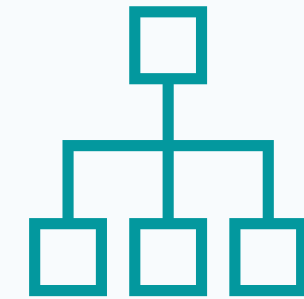
24/7 MOBILE CRISIS

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

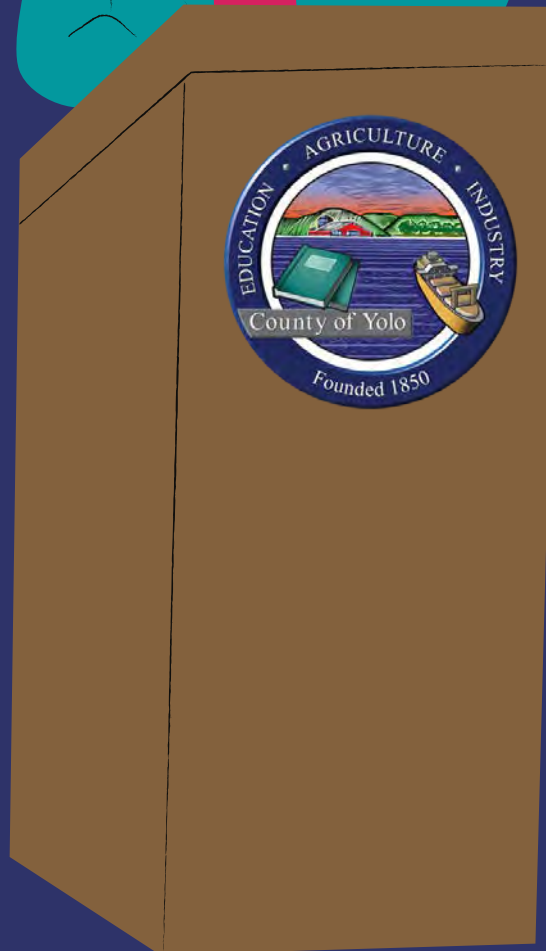
Reduced total psychiatric boarding by 45 years

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

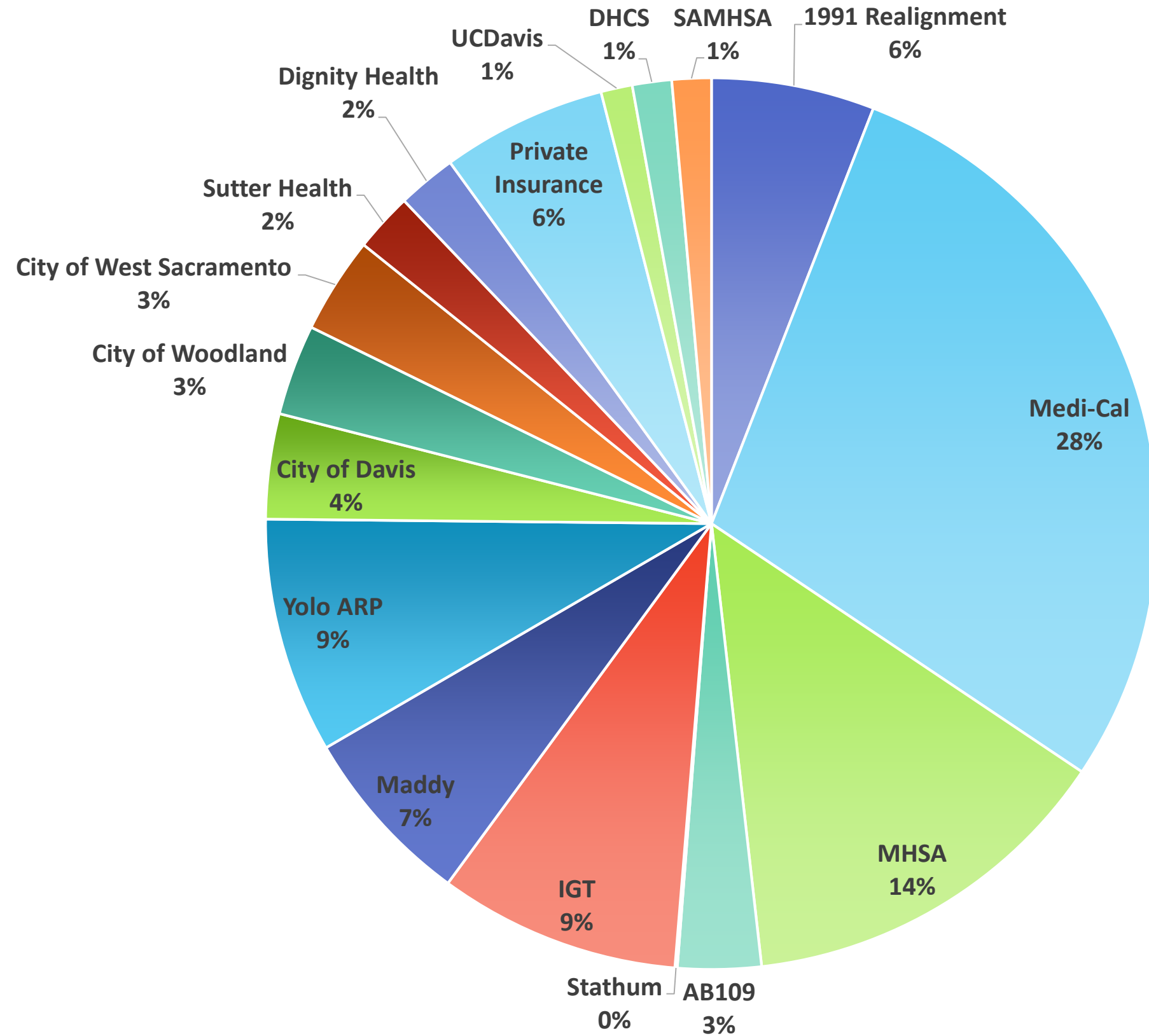
Reduced potential state inpatient spend by \$260m



Calculated from Arizona data, 2017




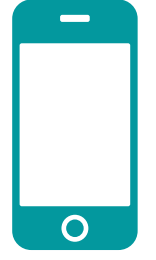


Crisis Now Funding Matrix



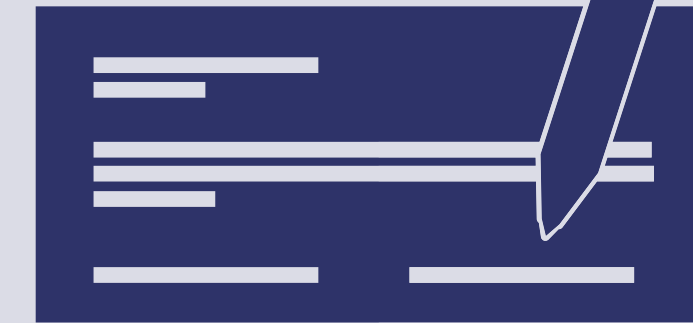
- 1991 Realignment
- Medi-Cal
- MHSA
- AB109
- Stathum
- IGT
- Maddy
- Yolo ARP
- City of Davis
- City of Woodland
- City of West Sacramento
- Sutter Health
- Dignity Health
- Private Insurance
- UCDavis
- DHCS
- SAMHSA

FINANCIAL SUMMARY

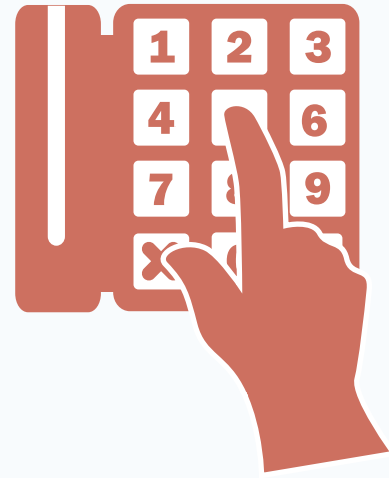
Average Yearly Expenditure (FFY 2021 - FFY 2025)

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

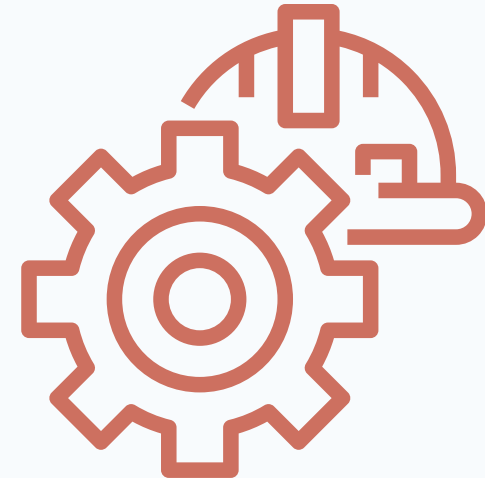
Est. Start-Up
Cost: \$1.7M



Average Yearly Cost:
\$11,833,847



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

NEXT STEPS

