



#crisismath

OVER UNDER



CRISIS EXPERT



VS.



ACME Crisis Receiving in Anytown, USA has **36 recliners***, 16 short-term crisis beds and **10 peer respite beds**. How much greater is the expected monthly through-put in the recliners *versus* the peer respite?



JOHN DRAPER

President, R&D
Behavioral Health Link

OVER



2x



UNDER

*Meaning 23 Hour Temporary Observation & Treatment.

Many flavors of "crisis stabilization units" **# Served / Month**

What's the difference? All of these models are covered "ALOS" depending on state nomenclature and licensure. Without standard definitions, such a table can never be 100% accurate but in general:

Capacity

ALOS

Occupancy

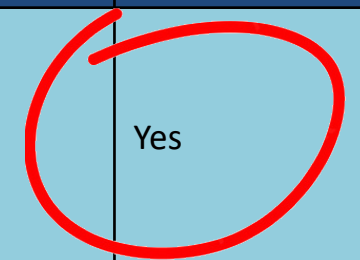
Served / Month

Model	Description	Level of Care/ Service Intensity	Acuity of Individuals Served	Locked	Police drops	Use of peers
Temp Obs 23 hr. obs	Short-term (< 24 hrs.) assessment and stabilization in a hospital level staffing and setting. Can be attached to hospital or free-standing.	LOCUS 6 "Medically Managed" with 24/7 nursing and medical coverage	Can take highest acuity patients including agitation, danger to self/other, intoxication, withdrawal.	Yes	Yes	Yes
ST Crisis Beds	Short or intermediate term (several days to 2 weeks) inpatient-like care. Can be provided via MHBG/SABG.	LOCUS 6 "Medically Managed" with 24/7 nursing and medical coverage	Varies by program from high-acuity/locked to lower acuity/unlocked	Sometimes	Sometimes	Yes
Peer Residential Respite	Short-term (< 24 hrs.) stabilization in a home-like environment, often predominantly peer staffed.	LOCUS 5/5A "Medically Monitored" with medical/nursing staff available but not on-site 24/7	Lower acuity individuals not at imminent risk of harm to self/other, not agitated or violent	No	Sometimes	Yes
Sobering Centers & "Social Detox"	Short-term (< 24 hrs.) stabilization for individuals with substance use needs, typically not using meds	LOCUS 5/5A "Medically Monitored" with medical/nursing staff available but not on-site 24/7	Lower acuity individuals not at imminent risk of harm to self/other, not agitated or violent	No	Sometimes	Yes
Peer Residential Respite	Intermediate term (days to a couple weeks) stabilization in a home-like environment	LOCUS 5/5A "Medically Monitored" with medical/nursing staff available but not on-site 24/7	Lower acuity individuals not at imminent risk of harm to self/other, not agitated or violent	No	Usually not	Yes

36

16

10



An episode of care might start at one level of care then step-down to a lower acuity facility.

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Served / Month

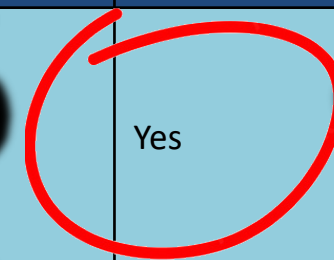
Model	Description	Level of Care/ Service Intensity	Acuity of Individuals Served	Locked	Police drops	Use of peers
Temp Obs 23 hr. obs	Short-term (< 24 hrs.) assessment and stabilization unit with hospital level staff and medical services. Can be attached to hospital or free-standing.	"Medically Monitored" with 24/7 nursing and medical services	Can take highest acuity patients including suicidal ideation, self/other harm, withdrawal.	65%	Yes	702
ST Crisis Beds	Short or intermediate term (several days to 2 weeks) crisis care. Can be provided via MHBG/SAB	LOCUS 5/5A "Medically Monitored" with medical/nursing services available 24/7	High-acuity individuals not at imminent risk of harm to self/other, not suicidal or violent	95%	Sometimes	152
Sobering Centers & "Social Detox"	Short-term (< 24 hrs.) stabilization for individuals with substance use needs, typically not using meds	LOCUS 5/5A "Medically Monitored" with medical/nursing services available 24/7	Lower acuity individuals not at imminent risk of harm to self/other, not suicidal or violent	No	Sometimes	Yes
Peer Residential Respite	Intermediate term (days to weeks) crisis stabilization in a residential setting	LOCUS 5/5A "Medically Monitored" with medical/nursing services available 24/7	Lower acuity individuals not at imminent risk of harm to self/other, not suicidal or violent	No	Usually not	Yes

ST Crisis Beds

36

23 hours or less

65%



702

16

2-4 days

95%

152

10

7-10 days

100%

33

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