

From Crisis Now: Transforming Services is Within our Reach

Crisis Services Task Force

National Action Alliance for Suicide Prevention

Core elements of crisis care:

1. Regional or statewide crisis call centers coordinating in real time
2. Centrally deployed, 24/7 mobile crisis
3. Short-term sub-acute residential crisis stabilization programs
4. Essential crisis care principles and practices
 - Recovery orientation
 - Trauma-informed Care
 - Significant Use of peer staff
 - Commitment to Zero suicide/Suicide Safer Care
 - Strong commitment to safety of consumers and staff
 - Collaboration with law enforcement

Newer elements – harnessing data and technology, power of peer staff, “Living Room” model, mobile crisis teams go to where people are, evidence-based suicide prevention (local community based)

Recommendation 1: Effective crisis care must be comprehensive and include the core elements listed above.

Recommendation 2: Crisis call services should participate in and meet the standards of the National Suicide Prevention Lifeline, and crisis intervention systems should adopt and implement Zero Suicide/Suicide Safer Care across all program elements

Zero Suicide or Suicide Safer Care elements:

- Leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care, which includes survivors of suicide attempts and suicide loss in leadership and planning roles
- Develop a competent, confident, and caring work force
- Systematically identify and assess suicide risk among people receiving care
- Ensure every individual has a pathway to care that is both timely and adequate to meet his or her needs and that includes collaborative safety planning and reducing access to lethal means

- Use effective, evidence-based treatments that directly target suicidal thoughts and behaviors
- Provide continuous contact and support, especially after acute care
- Apply a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk

See more at <http://zerosuicide.sprc.org/about>

Recommendation 3: State and national authorities should review the core elements of Air Traffic Control qualified crisis systems, apply them to crisis care in their jurisdictions, and commit to achieving these capabilities within 5 years, so that each region of the UD has a qualified hub for crisis care.

Link mobile crisis and crisis beds to the call center. Use air traffic control objectives:

- Always know where the individual in crisis is (in time and space) and never lose contact
- Verify the hand-off has occurred and the individual in crisis is safely in the hands of another provider.

Status Disposition for Intensive Referrals

24/7 Outpatient Scheduling

Shared Bed Inventory Tracking

High-tech GPS-enabled Mobile Crisis Dispatch

Real-time Performance Outcome Dashboards