Practice Innovation Institute
Engage. Transform. Reward.

Mini Pii Session
The Retreat Model
June 12, 2019

Paul Galdys, MBA Deputy CEO of Recovery International lead a discussion their living model and the incorporation of previous patients with lived experiences into their organization

Contact info:
602-330-3170
https://recoveryinternational.org/

Key points:

- Recovery International Mission and Vision
- Creating better access through care ventures home and abroad
- Working together to create standards of care in the Arizona community

Questions and Answers

1. How are you working with local transportation providers here in the valley, about the issue of direction to ED/hospital?
    a. As an industry it is important that we tackle this issue together and be aware of how services are bill. Some challenges that we face are when are we able to bill for advance life support instead of basic life support. Change the perception of how to bill instead of where the person was directed. Consideration that now the patient has ED bill instead of going to crisis center which leads to higher costs. Work to find solutions on how to collaborate and curb the expenses for our patients

2. What types of therapeutic interventions are available for members who are present at your facility?
    a. NP, psych, most patients are involuntary when first presenting, peer explains process to member, Biggest Day video shown to new members receiving treatment. First interaction is peer support, psych symptoms are accessed by provider, and professional counselor, 24 observation centers. Engagement is done quickly. When patient is moved into inpatient a more thorough intervention is done for the patient.

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RI INTERNATIONAL

RI International and PII

JUNE 12TH, 2019 TIDBIT SESSION
PEER & FAMILY ENGAGEMENT

CRISIS HEALTH RECOVERY CONSULTING

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RI International History

- Founded in 1990 as Maricopa East Treatment Alternatives (META);
- Opened Recovery Response Center (RRC) in Peoria in 1996;
- Focused on incorporation of peers in the workforce in 1999;
- Created the ***living room*** model crisis facility in 2003 with a "*no force first*" approach;
- Developed a peer employment training program in 2007 that has served more than 30 states, 7 countries, the VA and the USMC; *and*
- Currently have operations in Arizona, California, Delaware, North Carolina, Washington and New Zealand.

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International Thought Leaders

- **Zero Suicide (2011)** - National Action Alliance for Suicide Prevention;
- **Crisis Now (2016)** – National Association of State Mental Health Program Directors (NASMHPD);
- **ISMICC (2017)** – Interdepartmental Serious Mental Illness Coordinating Committee (SAMHSA); *and*
- **Peer 2.0 (2019)** – National Research Institute.

NATIONAL Action Alliance FOR SUICIDE PREVENTION

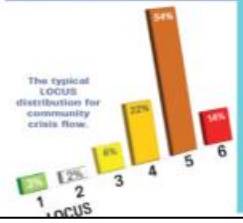
PEER 2.0 VALUING RECOVERY

CRISIS NOW Transforming Crisis Services NASMHPD

zero suicide

Community Impact

1. **Lower Cost of Care;**
2. **Better Care by Decreasing:**
   - Incarceration *and*
   - ED Psychiatric Boarding
3. **Better Alignment of Service to Need.**



The Crisis Now Difference

In 2016, metro area Phoenix law enforcement engaged 22,000 and transferred them *directly* to crisis facilities and mobile crisis without visiting a hospital ED.

Aetna/Mercy Maricopa 2017 report

What difference did it make?

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

Reduced potential state inpatient spend by $260m

Calculated from Arizona data, 2017

Saved the equivalent of 37 FTE Police Officers

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)

Fire savings just starting.

BIA presentation at ISMICC (2017), Madison, Wisconsin data

Real-Time Performance Dashboards

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Increasing Hospital ED and Jail Diversion in Maricopa County

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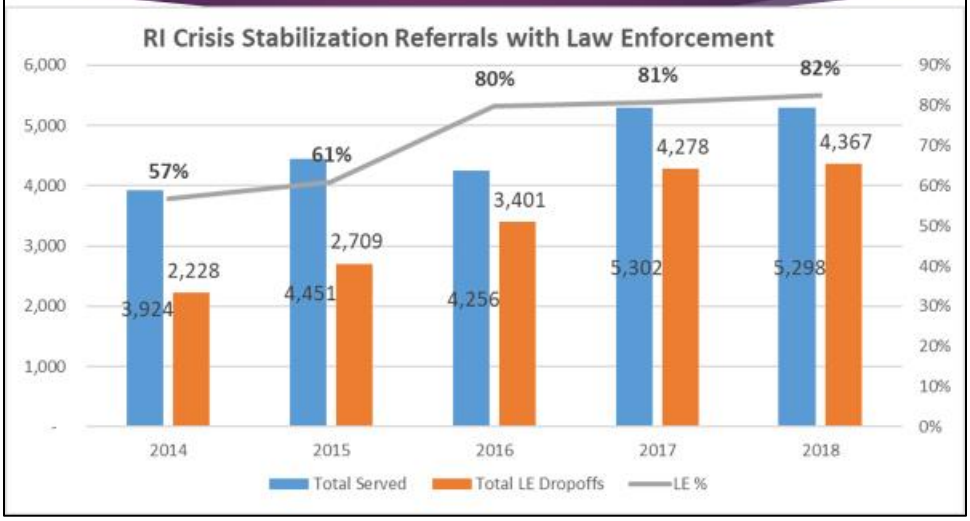
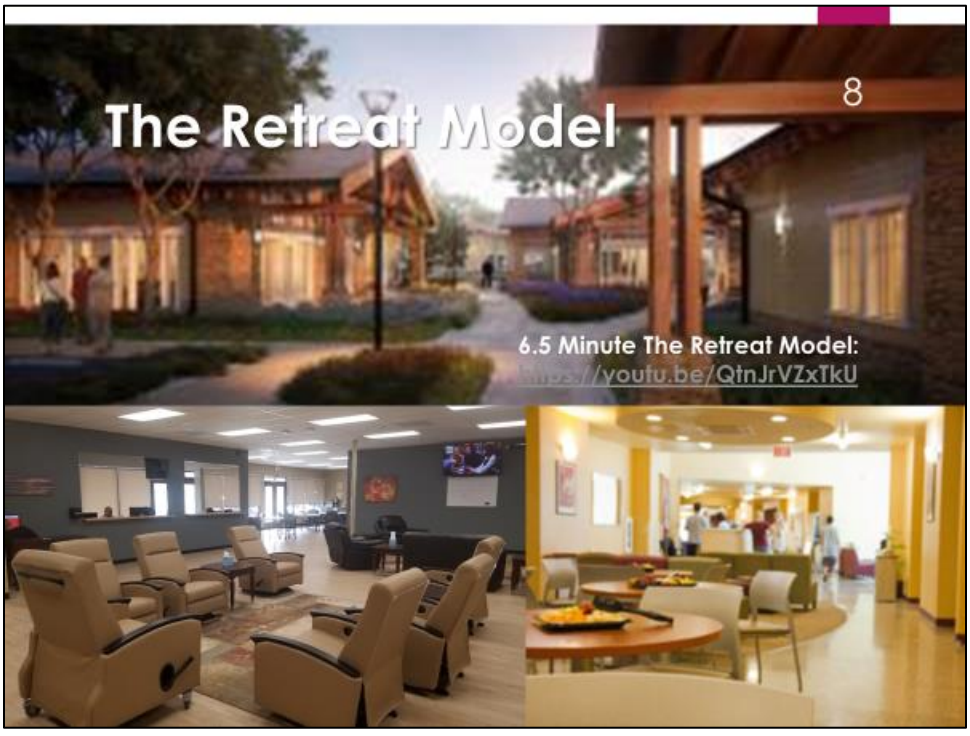



Changing the Environment
A WINDOW IN
WHAT'S NEXT
7


The Retreat Model
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6.5 Minute The Retreat Model:
https://youtu.be/QtnJrVZxTkU

Crisis Now Crisis System Calculator (Basic)		
	No Crisis Care	**Crisis Now**
# of Crisis Episodes Annually *(200/100,000 Monthly)*	103,200	103,200
# Initially Served by Acute Inpatient	70,176	14,448
# Referred to Acute Inpatient From Crisis Facility	-	5,743
Total # of Episodes in Acute Inpatient	70,176	20,191
# of Acute Inpatient Beds Needed	**2,149**	**618**
Total Cost of Acute Inpatient Beds	**$ 627,529,387**	**$ 180,553,124**
# Referred to Crisis Bed From Stabilization Chair	-	22,972
# of Crisis Beds Needed	**-**	**175**
Total Cost of Crisis Facility Beds / Chairs	**$ -**	**$ 51,049,600**
# Initially Served by Crisis Stabilization Facility	-	55,728
# Referred to Crisis Facility by Mobile Team	-	9,907
Total # of Episodes in Crisis Facility	-	65,635
# of Crisis Observation Chairs Needed	**-**	**206**
Total Cost of Crisis Facility Beds / Chairs	**$ -**	**$ 75,011,657**
# Served Per Mobile Team Daily	4	4
# of Mobile Teams Needed	**-**	**32**
Total # of Episodes with Mobile Team	-	33,024
Total Cost of Mobile Teams	**$ -**	**$ 12,666,740**
# of Unique Individuals Served	**70,176**	**103,200**
TOTAL Inpatient and Crisis Cost	**$ 627,529,387**	**$ 319,281,121**
ED Costs ($1,233 Per Acute Admit)	**$ 86,527,008**	**$ 24,895,602**
TOTAL Cost	**$ 714,056,395**	**$ 344,176,723**
TOTAL Change in Cost	**$ (369,879,672)**	**-52%**

Questions?

Thank you!

Paul Galdys
Deputy CEO
Paul.Galdys@riinternational.com
602-330-3170