The CRISIS NOW Model

The Three Components of the Crisis Now Model Are:

When a person experiences a behavioral health crisis such as an overdose, suicide attempt, or other mental health emergency, they are often brought by ambulance or law enforcement to the emergency department or jail. This approach is expensive, strains emergency and law enforcement resources, and can contribute to worse health outcomes.

Nationally, patients with behavioral health issues account for as many as 1 in 4 emergency department visits, resulting in estimated potentially avoidable costs of $4.6 billion each year.[1]

The new crisis response systems in Montana are based on a national, best-practice model called *Crisis Now*. This model is designed to provide people in crisis with effective, appropriate care and avoid unnecessary use of emergency medical services and law enforcement.

The *Crisis Now* model is well-suited for Montana because it is flexible and can be adapted to work successfully in urban, Native, and rural communities.

For more information on *Crisis Now* in Montana, visit **mthcf.org/crisis-diversion.**

[1] https://www.premierinc.com/newsroom/education/ready-risk-reward-improving-care-for-patients-with-chronic-conditions

Someone to Call

The 988 Suicide and Crisis Lifeline provides 24-hour support and care coordination over the phone. Most problems can be resolved by the call center's crisis counselors.

Someone to Respond

When a person needs more support, a centrally deployed crisis response team staffed by behavioral health professionals travels to the person to provide care, minimizing the impact on emergency medical services or law enforcement involvement.

Somewhere to Go

A 24/7 crisis center offers safe, supportive care for people who cannot be stabilized by the crisis response team. These community-based facilities provide people in crisis with rapid, short-term assessment and treatment in a calm, therapeuitc enviornment.

For more information on the national *Crisis Now* model, visit **crisisnow.com.**