

Avel eCare Crisis Care

How a virtual co-responder model improves access to care, conserves resources, and reduces involuntary committals



The VCC Difference

WITHOUT VCC

Law enforcement receives a call about an individual in mental health crisis and responds.

Officer or Deputy arrives and assesses the situation. If the individual meets a certain criteria, an involuntary hold is requested

Once IVC is approved, the Officer or Deputy detains the individual and transports them to the nearest detention facility to hold until evaluation can be conducted

Once the individual is safely transported to the facility, the Officer or Deputy returns to service.

The individual in crisis is eventually released and connected to follow-up resources

WITH VCC

Law enforcement receives a call about an individual in mental health crisis and responds.

Officer or Deputy arrives, assesses the situation, and activates VCC after receiving patient consent.

- BH expert conducts assessment and makes a recommendation to officer (8 out of 10 remain in place)
- Individual is connected to community mental health resources for follow up support

Limited holds, fewer transports, less time away from duty, saves costs, and lowers stigma.



Virtual Partnership Addressing Mental Health Crises: Mixed Methods Study of a Coresponder Program in Rural Law Enforcement

M Muska Nataliansyah¹ ; Kimberly A S Merchant² ; J Priyanka Vakkalanka³ 
Luke Mack^{4,5} ; Seth Parsons^{4,6} ; Marcia M Ward² 

- Objective was to evaluate the implementation and use of a VCC program from a telehealth hub for law enforcement officers.
- 181 VCC encounters | 137 remain in place | 10 voluntary admissions | 19 involuntary committals
- Study concludes that the use of VCC program helps avert unnecessary IVCs.

“According to law enforcement, the various benefits of the VCC program have shown a **POSITIVE DIRECT IMPACT on individuals experiencing mental health crises and the law enforcement officers involved, plus the broader value of having the service in these rural communities.”**

VCC in Action: Voices from the Field



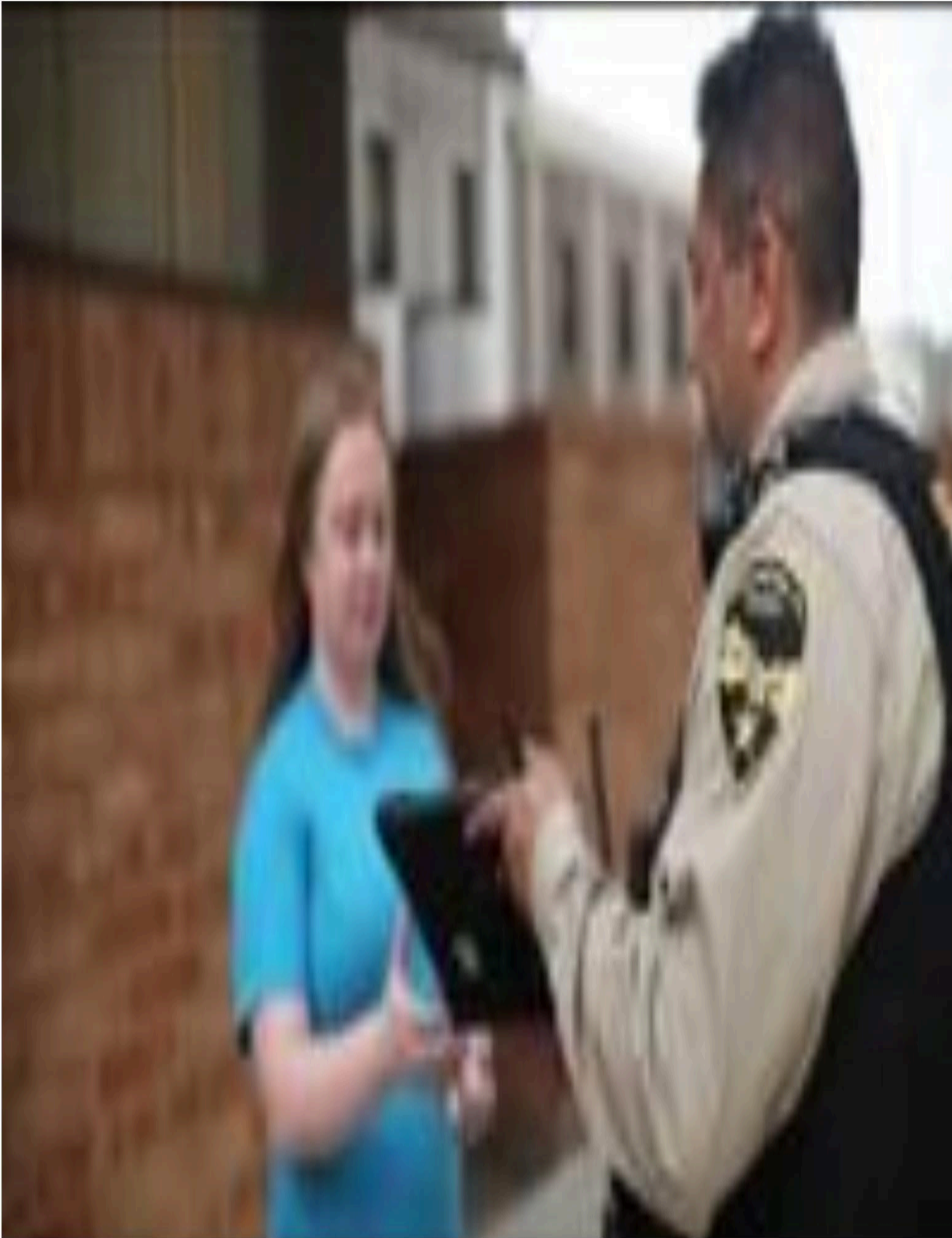
"In most cases, when the iPad was used, the person in crisis was directed to resources rather than detained. We've seen some real value [with Crisis Care] since they are directed to the person that can really help them. It gives a deputy that has a multitude of other things to move onto some confidence that the situation was resolved properly."

Andy Howe | Clay County Sheriff

"[Crisis Care] is a positive change; jail numbers are going down and victimization is going down. Now, when I talk to our taxpayers, they ask, 'Why didn't we do this sooner?' Don't be afraid of the costs either because the program is saving money on committals, on transportation, and in the jail population. This is a great program. I see it continuing to grow in the future."

Fred Lamphere | Butte County Sheriff





Thank You

Your time is greatly appreciated.

Every person and every community deserves access to high quality care. Avel's experts collaborate with local clinicians through telemedicine, to deliver high quality care when and where it's needed.

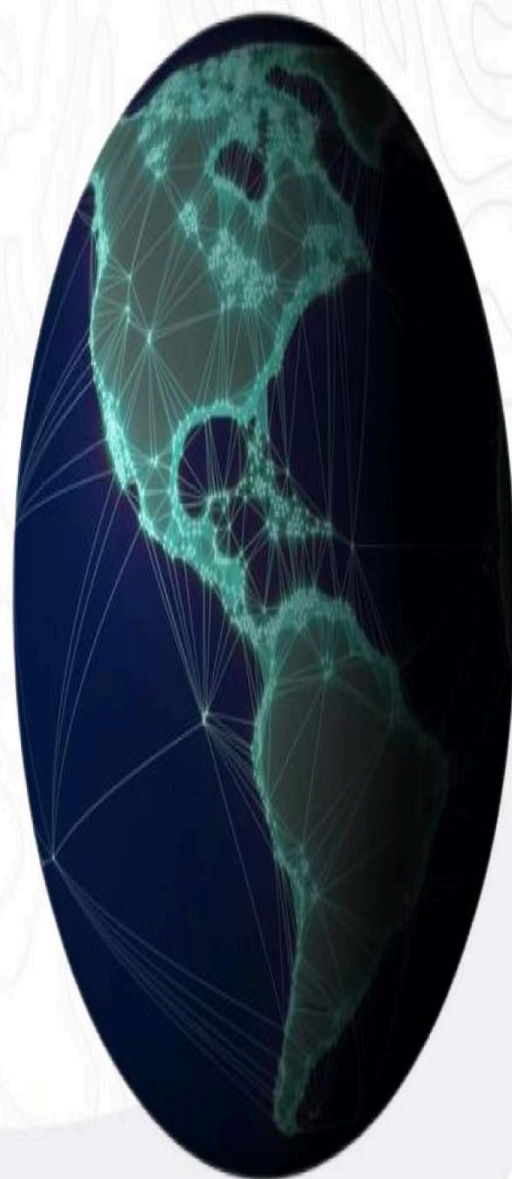


Three Decades

Delivering Pioneering
Telemedicine Services

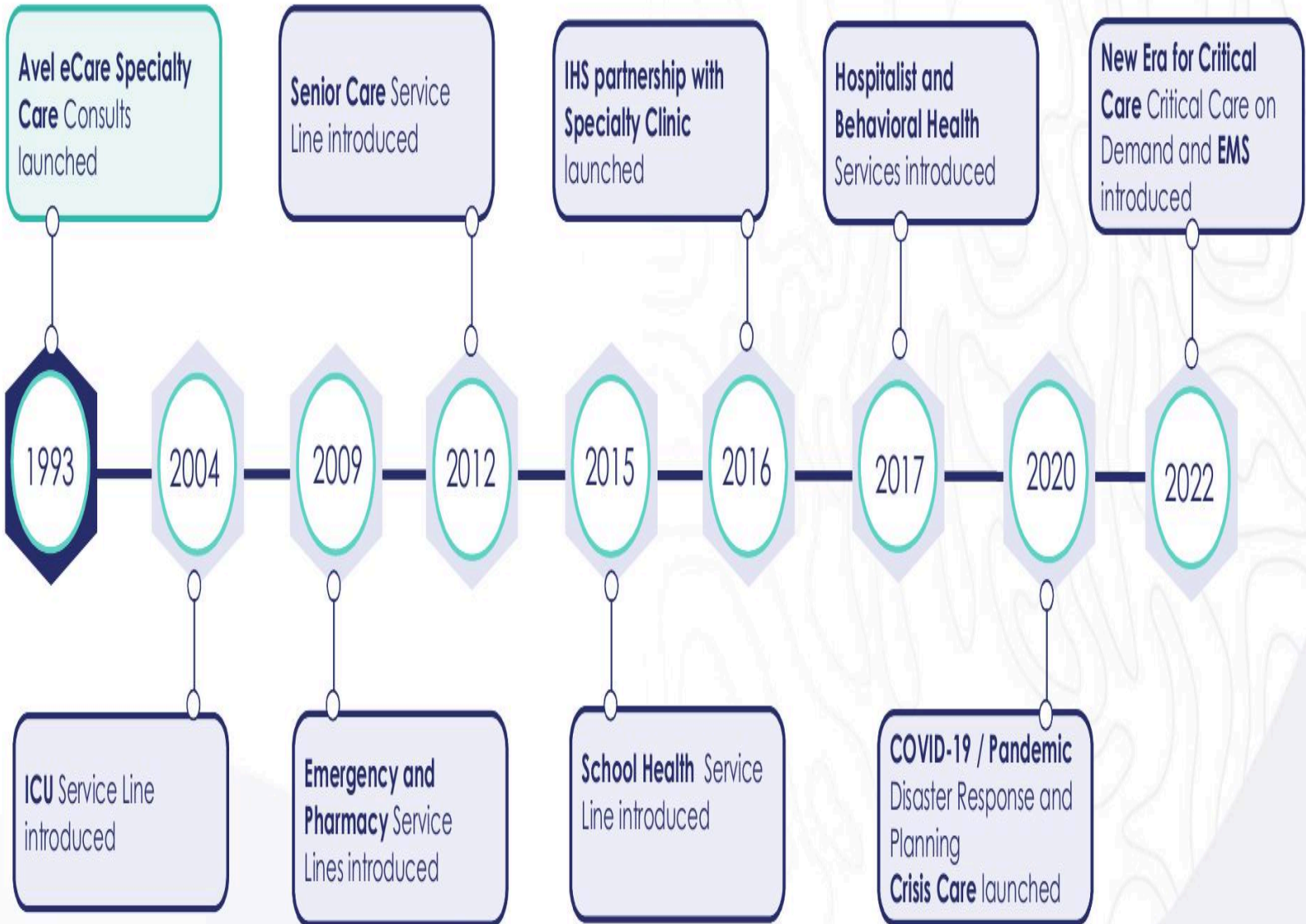


Serve more than **650 sites**
in **32 states**



Three Decades as a Telemedicine Leader

Avel eCare has more than **three decades** of experience building virtual care service lines with a continued pipeline of new developments and innovations



NEW



Disaster Response



Critical Care on Demand



Nursing Support



Crisis Care and EMS

Mental Health Crisis

Americans are struggling accessing mental health care

The impact of mental illness

- **1 in 5** U.S. Adults experience mental illness each year, while **1 in 20** adults experience **serious** mental illness

Shortage of Providers

- By 2030 the US will be short roughly 7,000 adult psychiatrists and 200,000 Social Workers
- More than half of the counties in the U.S. do not have a practicing psychiatrist; 160 million Americans live in areas with shortages of mental health professionals

Shortage of Beds

- Longer boarding of patients in EDs as patients await proper placement
- Cost the hospital thousands of dollars and prevents patients from receiving necessary treatment

“Increasingly, many of those individuals [seeking mental health care] end up waiting in EDs for appropriate care and disposition for hours or days. This overflow phenomenon has become so prevalent that it has been given a name: “boarding.” This practice is almost certainly detrimental to patients and staff.”



Avel's Full-stream Approach

SCHOOL HEALTH

Avel provides virtual school nurse services, including access to behavioral health resources

UPSTREAM

PSYCH IN-PATIENT

Avel collaborates with local providers and nurses to provide behavioral health expertise for after-hour and gap coverage for patients 18 years and older.

CRISIS CARE

Avel partners with law enforcement to help treat those in crisis and provide follow-up community-based mental health resources and support



EMERGENCY

Avel seamlessly integrates with emergency departments to offer diagnosis, treatment, and discharge planning services.

DOWNSTREAM

OUTPATIENT

Avel partners with IHS to deliver outpatient behavioral health services for tribal patients

Law Enforcement Response

Increasing calls, fewer resources, more demand

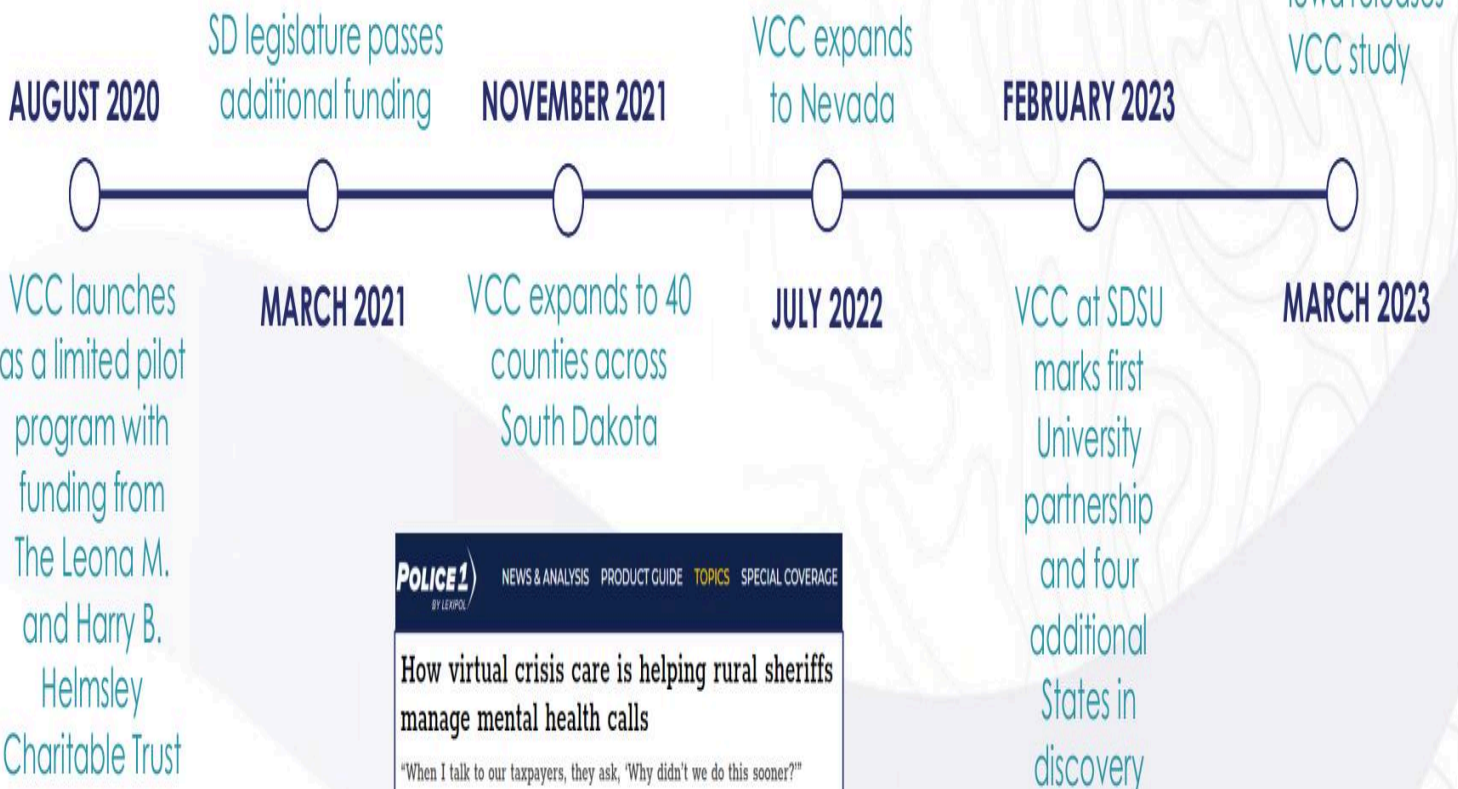
On the front lines

- Crisis calls to law enforcement are on the rise – estimated that at least 20% of calls to law enforcement involve a mental health or substance abuse crisis
- Survey of 2,400 law enforcement officers; **84%** say mental health-related calls have increased during their careers
- Criminalizing mental illness - 2 million people with mental illness are jailed yearly in US

“More than half [of the law enforcement survey respondents] reported the increased time [spent on mental health calls] is due to an inability to refer people to the needed treatment. Referring to appropriate mental health resources—and following up on progress—takes time and resources that already strained police, especially those from smaller departments, don’t always have.”

Program Timeline

Evolution of Virtual Crisis Care Services



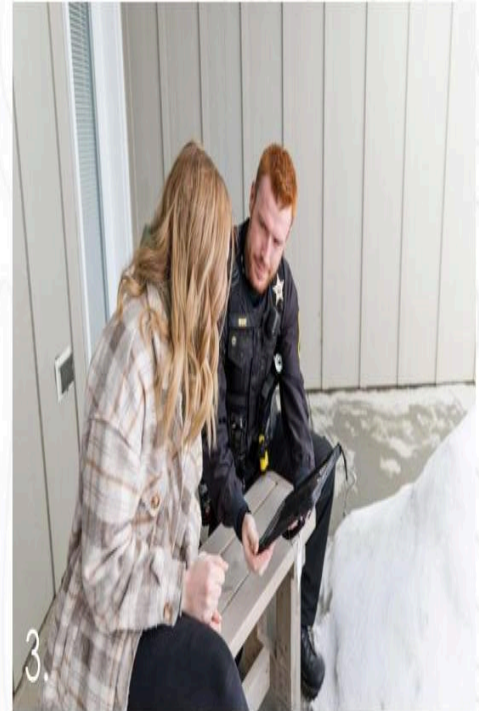
POLICE1 BY LERPOL NEWS & ANALYSIS PRODUCT GUIDE TOPICS SPECIAL COVERAGE

How virtual crisis care is helping rural sheriffs manage mental health calls

"When I talk to our taxpayers, they ask, 'Why didn't we do this sooner?'"

Jun 27, 2022

How it Works



1. Law enforcement receives a call that an individual is experiencing a mental health crisis
2. Deputy responds to check on the individual
3. Deputy introduces Crisis Care tablet to the individual and receives consent to initialize service
4. Avel behavioral health expert performs an assessment and makes a recommendation to law enforcement
5. Once encounter is complete, individual is provided community health resources for follow-up support

The VCC Difference

WITHOUT VCC

Law enforcement receives a call about an individual in mental health crisis and responds.

Officer or Deputy arrives and assesses the situation and determines need for Involuntary Commitment or Protective Custody.

Transportation to medical facility or jail for medical clearance or Qualified Mental Health Provider (QMHP) evaluation within 24-72 hours.

Once the individual is safely transported to the facility or jail, the Officer or Deputy returns to service.

The individual in crisis is eventually released and connected to follow-up resources