



Virtual Crisis Care

An opportunity to bring virtual behavioral health services to law enforcement and citizens in the “Peace Garden State”





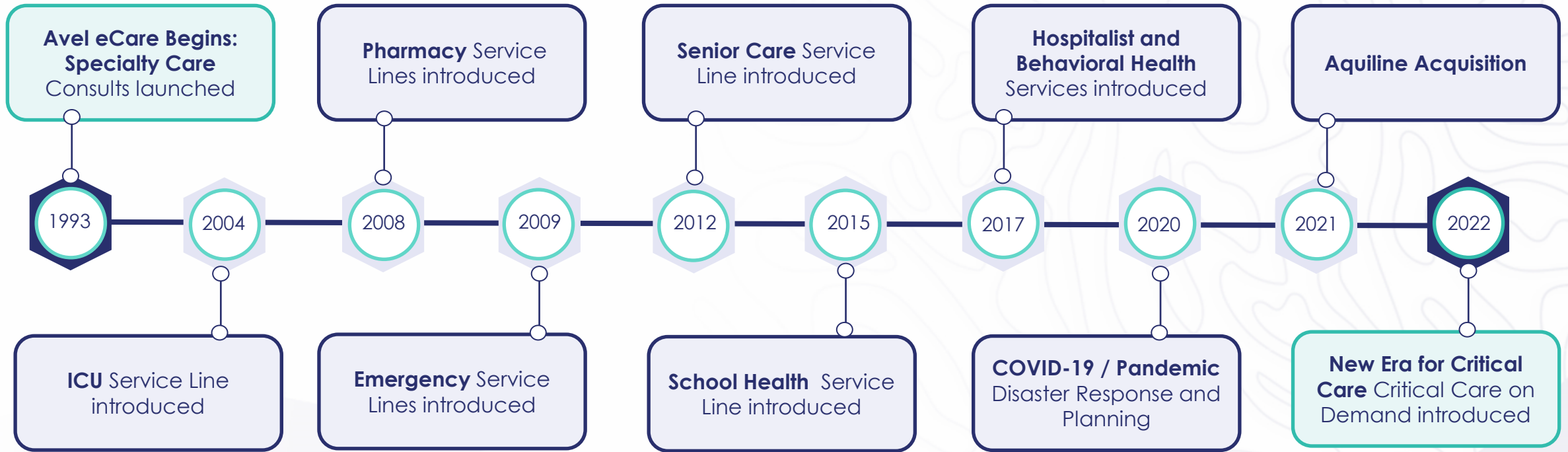
Introductions

Background

Avel eCare's Virtual Hospital



Avel eCare: Three Decades as a Telemedicine Leader



NEW



Disaster Response



Emergency Medical Services



Respiratory Therapy



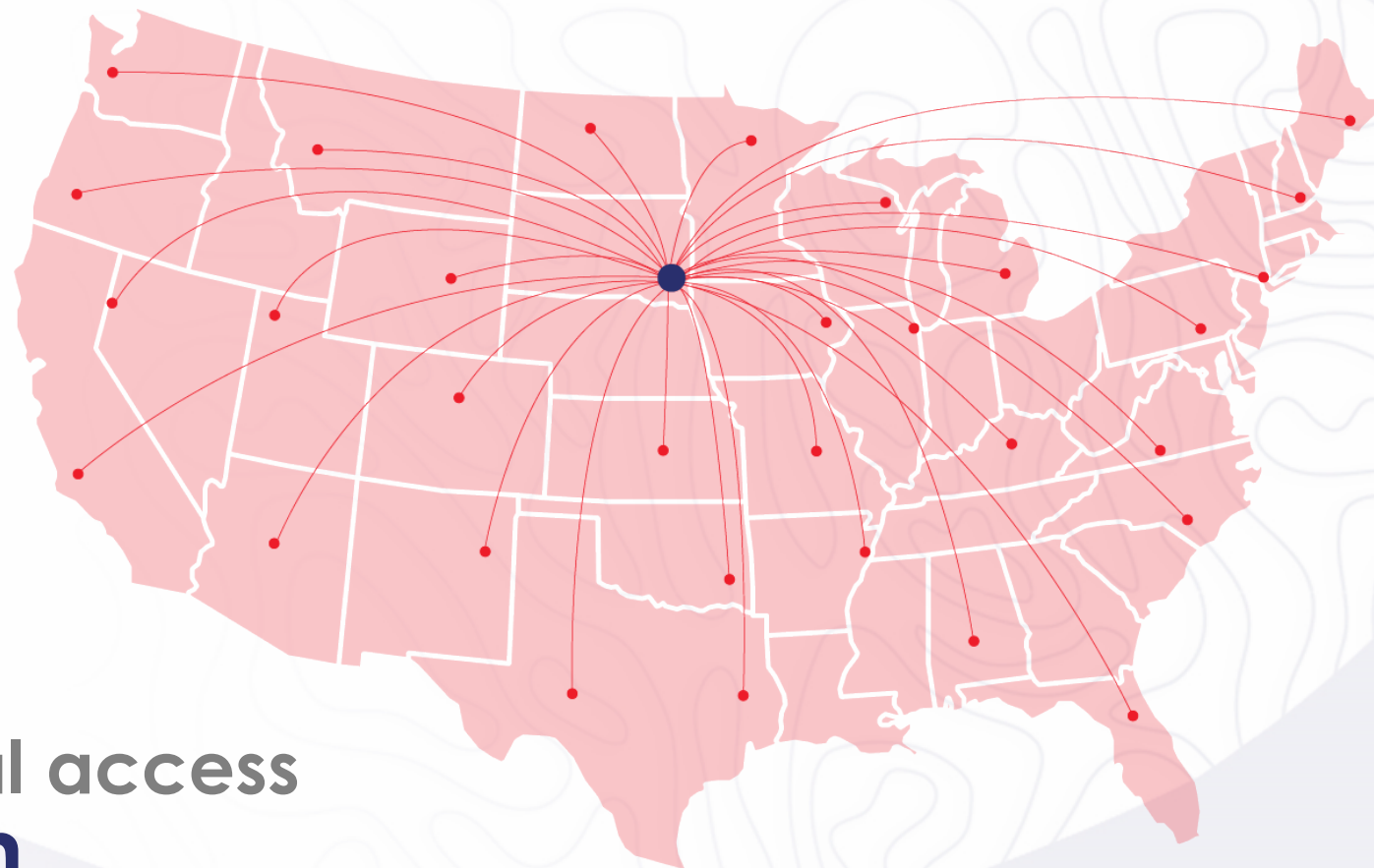
eCare BHS Mobile Crisis

Avel eCare has more than 29+ years of experience building virtual care service lines with a continued pipeline of new developments and innovations

29+ years
of Delivering
Telehealth Services

Over **688 sites**
in **32 states**

Serves **17%** of all critical access
hospitals **in the nation**





Avel Support in North Dakota

32 - Emergency Departments

50 - Schools

6 - Hospital Pharmacies

2 - Specialty Clinics

2 - Intensive Care Units

1 – Hospitalist

*updated 01/31/2023



Virtual Crisis Care

Virtual Crisis Care



Virtual Co-responder model eases burdens on those in crisis and saves costs

- Delivered through a connected tablet, allowing law enforcement officers to access skilled behavioral health professionals 24/7.
- Avel currently provides VCC services to 40 counties across South Dakota and 13 counties in Nevada
- **80% of individuals in crisis** who receive telehealth-based crisis intervention **do not require transport** and can be **stabilized in their local community**.



24/7 access

Interdisciplinary
Behavioral Health
team

Significant
reduction in IVC,
thus savings in
law enforcement,
community and
state resources

Expert evaluation
via two-way
audio and video
technology

De-escalation,
Collaboration,
Safety Plans and
Documentation

“When I started in law enforcement, we were still wearing our gloves and our mirrored sunglasses. We were out to fight crime. We've evolved as a profession.

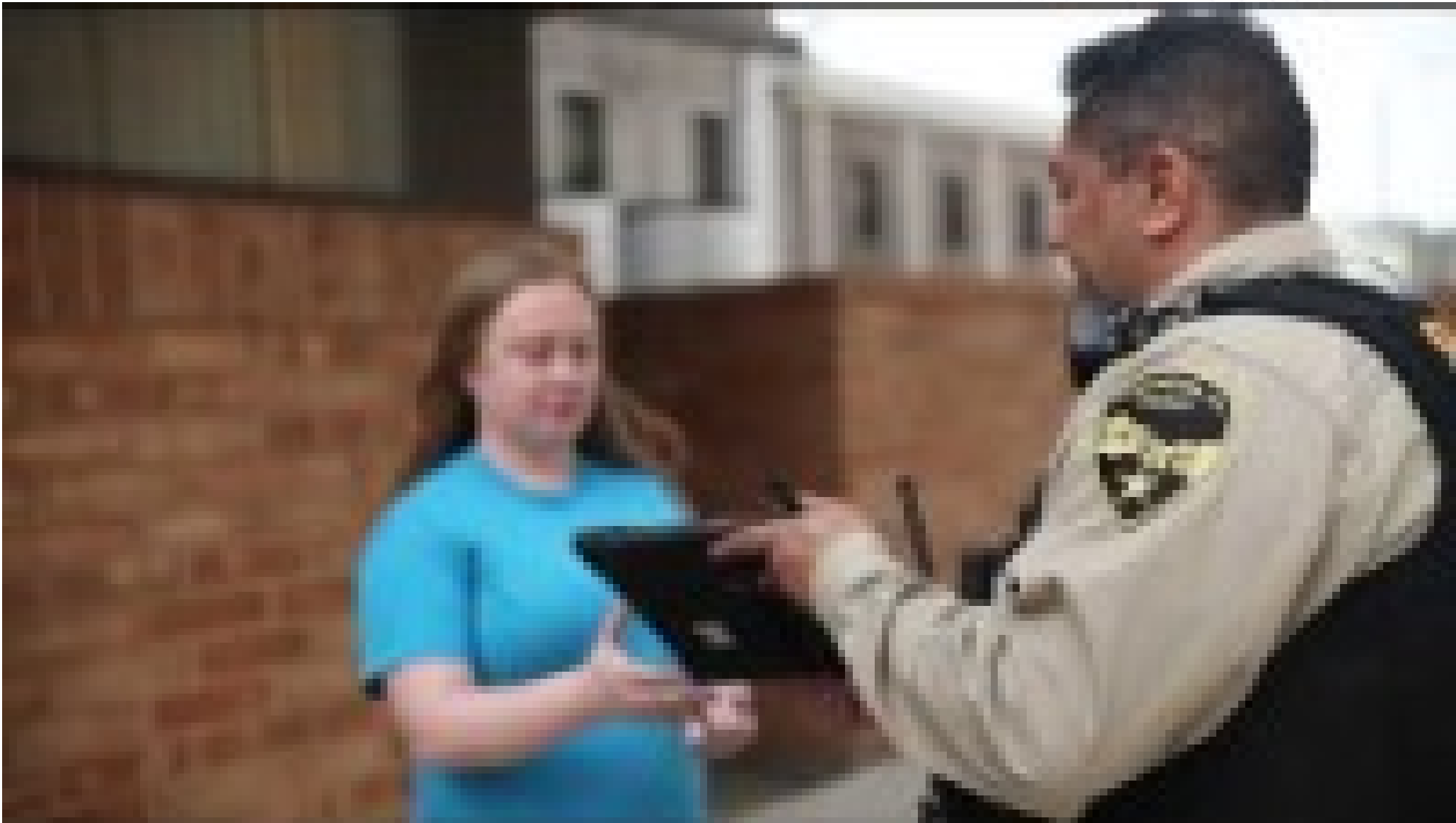
We transitioned from being at war with criminals, which sometimes translates to like almost war with the community, to really being servants of our community. And [VCC] is just another way we can serve them and give them what they deserve and what they need rather than trying to force them into one of our plans. And so, yeah, it's hugely beneficial to have [VCC], and to our community that our deputies out on the road have this resource.” – Officer feedback

Virtual Crisis Care in Action



Images courtesy of the Butte County Sheriff's Office





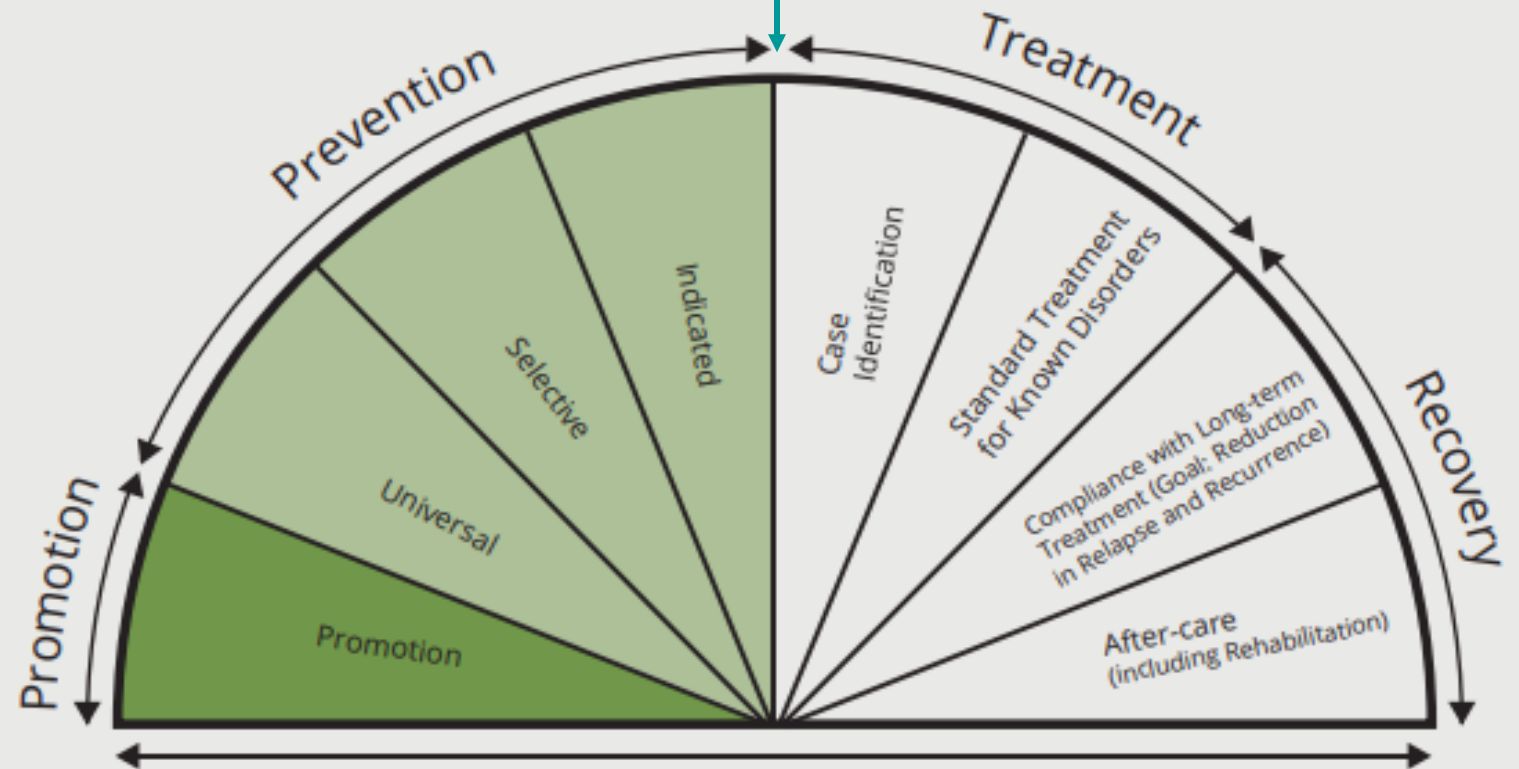
Virtual Crisis Care

Co-responder model

- Law Enforcement Support
- Screening-Triage
- Connection/Treatment Options



Services provided by the division are grounded in the Institute of Medicine's Continuum of Care model. The model recognizes the need for a full range of high-quality services including promotion, prevention, treatment, and recovery [SAMHSA].



CONCLUSION

Per the VCC pilot program operating in South Dakota, it is clear from both quantitative and qualitative data that using telehealth to bring a mental health professional to a crisis encounter helps law enforcement officers in numerous ways to assist people in rural and underserved communities by offering timely behavioral health services.

Law enforcement comments


Law enforcement comments

Law enforcement comments

Law enforcement comments

Implementation and Utilization of the Avera eCARE Virtual Crisis Care Service

Final Report
Submitted by the
Rural Telehealth Research Center



EXECUTIVE SUMMARY

Avera eCARE telehealth services were expanded to develop a pilot program that could provide real-time mental health services to rural law enforcement departments with a grant from The Leona M. and Harry B. Helmsley Charitable Trust. The Rural Telehealth Research Center (RTRC) at the University of Iowa obtained quantitative utilization data during the pilot program and conducted qualitative interviews with law enforcement officers using the service.

The program, called Virtual Crisis Care (VCC), allows law enforcement and probation officers the opportunity to provide professional mental health counselor access to persons in a mental health crisis on site via iPad technology. The VCC counselor from eCARE evaluates the person and provides the officer with a recommendation for care that could range from allowing the person to remain in place at home with support to requiring involuntary committal.

By using VCC during mental health crisis encounters and following the recommendations of the eCARE mental health professional, Sheriff departments were able to reduce the number of involuntary committals (IVCs). Based on the results of 181 encounters during the pilot that were likely to be IVCs without this service, all but 19 did not become IVCs after using VCC. This, in turn, reduced time and cost for the departments and saved the individual from an unnecessary IVC.

Officers interviewed overwhelmingly said VCC was easy to use and provided benefits to the persons in need as well as to the officers involved and the community as a whole.

Q&A

Thank You

We look forward to working together to help serve those in need!