

CRISIS-TO-OWNERSHIP INITIATIVE

Hospital Partnership Brief — Board-Ready Printable

1. Executive Summary

The Crisis-to-Ownership Initiative is a field-ready framework designed to support individuals in the first 90 days after crisis — the period where hospitals see the highest rates of return visits, AMA discharges, disengagement, and post-crisis complications.

The initiative equips emergency departments, behavioral health units, and first-contact hospital staff with:

- a 20-second handoff tool
- a 14-episode coaching system (each under three minutes)
- a 90-day personal responsibility framework
- a community-ready support model

It is not treatment, therapy, or a clinical program.
It is a bridge — between crisis stabilization and long-term engagement.

2. The Problem: The Post-Crisis Gap

Hospitals stabilize the crisis.
But the moment the patient leaves the ED or behavioral health unit, the risk window spikes.

Nationally recognized patterns show:

- Over 70% of overdose deaths occur when a person is alone
- The highest-risk window is the first 48–72 hours after crisis
- No-show rates for first behavioral-health appointments average 30–60%
- Most recidivism occurs within the first 90 days
- EDs experience high repeat-visit rates for individuals in crisis

This is the gap between crisis and stability — the space where most patients disappear before follow-up care begins.

The Crisis-to-Ownership Initiative provides a simple, fast, non-clinical tool to help close that gap.

3. Who This Initiative Serves

Primary Beneficiaries:
Patients in the first 90 days after crisis, relapse, overdose, or major life disruption.

Hospital Partners:

- Emergency Departments
- Behavioral Health Units
- Crisis Stabilization Units
- Social Work & Case Management
- Peer Recovery Teams
- Discharge Planners
- Community Health Workers

External Partners:

Sheriff's departments, police departments, EMS, drug courts, day report programs, probation and parole, community corrections, detox intake, jail intake, pastors, counselors, and social workers.

4. Why Hospitals Partner With This Initiative

Hospitals partner because the initiative:

- reduces repeat ED visits
- supports post-discharge continuity
- strengthens community linkage
- improves patient engagement
- aligns with population health goals
- supports behavioral health integration
- reduces strain on clinical staff
- provides a non-clinical tool that fits within scope

Partnership dollars do not fund overhead.

They fund direct patient impact.

5. Partnership Opportunities

A. Hospital System Underwriter

Support deployment across multiple hospitals, EDs, or behavioral health units.

Includes:

- book distribution
- first-contact training
- community rollout
- reporting and metrics

B. Hospital-Level Sponsor

Support deployment within a single hospital or service line.

Includes:

- book printing
- coaching access
- discharge support tools

C. Community Health Partner

Align hospital community benefit goals with a measurable initiative.

Includes:

- co-branded materials (optional)
- community linkage support
- impact reporting

6. Impact Metrics for Hospitals

Hospitals receive quarterly reporting on:

- books distributed
- ED and BH unit engagement
- coaching system usage
- community adoption
- stability indicators
- qualitative outcomes

Metrics align with:

- community benefit requirements
- behavioral health integration goals
- readmission reduction efforts
- population health strategies

7. Operational Fit

This initiative fits seamlessly into:

- ED discharge workflows
- Behavioral health discharge planning
- Peer recovery support
- Social work follow-up
- Community health worker outreach
- Care coordination teams
- Community benefit initiatives

It requires no clinical training, no new staffing, and no workflow overhaul.

8. Implementation Timeline

Phase 1 — Hospital Briefing (Weeks 1–2)

Leadership alignment, service line identification, distribution planning.

Phase 2 — Deployment (Weeks 3–6)

Book distribution, staff orientation, community linkage.

Phase 3 — Engagement (Weeks 6–12)

Coaching system usage, patient follow-up, tracking.

Phase 4 — Evaluation (Week 12+)

Impact reporting, adjustments, expansion planning.

9. Hospital Requirements

Hospitals provide:

- a point of contact
- optional internal communication
- optional distribution support
- optional community connections

The initiative provides everything else.

10. Contact for Partnership

For hospital partnership, underwriting, or sponsorship discussions:

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Subject Line: Hospital Partnership Inquiry — Crisis-to-Ownership Initiative