



Crisis Care in 2020

SAMHA NATIONAL GUIDELINES
FOR BEHAVIORAL HEALTH CRISIS
CARE AND THE PROMISE OF 988



If You Were JUST – Kim Chansen

2

Message to her RI team April 2020

Any single element... would be hard

If you were JUST living through a scary health pandemic...

And if you were JUST dealing with complete disruption...

And if you JUST went from having a loving Work Family you saw regularly, to being isolated at home...

And if you JUST went from your usual balance of interpersonal interaction and quiet Me-Time...

And if you JUST went from being able to go out and get the basic resources you need for daily...

And if you were JUST... looking at the TV and seeing scary images and statistics,...

And if you would normally be... with friends and family, and are instead living in this strange reality with so much news of sadness, fear, and death...

COVID-19, Racial Injustice and Economic Instability Impact on Mental Health

June 2020 CDC survey indicates...

1. 40% reported an adverse mental or behavioral health condition;
2. 11% reported seriously considered suicide in the past 30 days;
 - a. Hispanic respondents (18.6%) *and*
 - b. Black respondents (15.1%)
3. 22% of essential workers reported suicidal thoughts;
4. 31% of unpaid caregivers reported suicidal ideation *and* 33% reported increased substance use; *and*
5. 75% of respondents 18-24 reported at least one adverse mental or behavioral health symptom *and* 25% reported serious suicidal ideation.

COVID-19 Impact and Health Inequities

Rate ratios compared to White, Non-Hispanic Persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	2.8x higher	1.1x higher	2.6x higher	2.8x higher
Hospitalization ²	5.3x higher	1.3x higher	4.7x higher	4.6x higher
Death ³	1.4x higher	No Increase	2.1x higher	1.1x higher

What Does It Mean?

- ✓ Increase in **STRESS**
 - ✓ Increase in **ANXIETY**
 - ✓ Increase in **DEPRESSION**
 - ✓ Increase in **HEALTH INEQUITIES**
 - ✓ Increase in demand for **CARE**
-
- ✓ Care needs to be accessible to **ANYONE, ANYWHERE** and **ANYTIME**

Arizona

Black/African-American %

Maricopa County ●

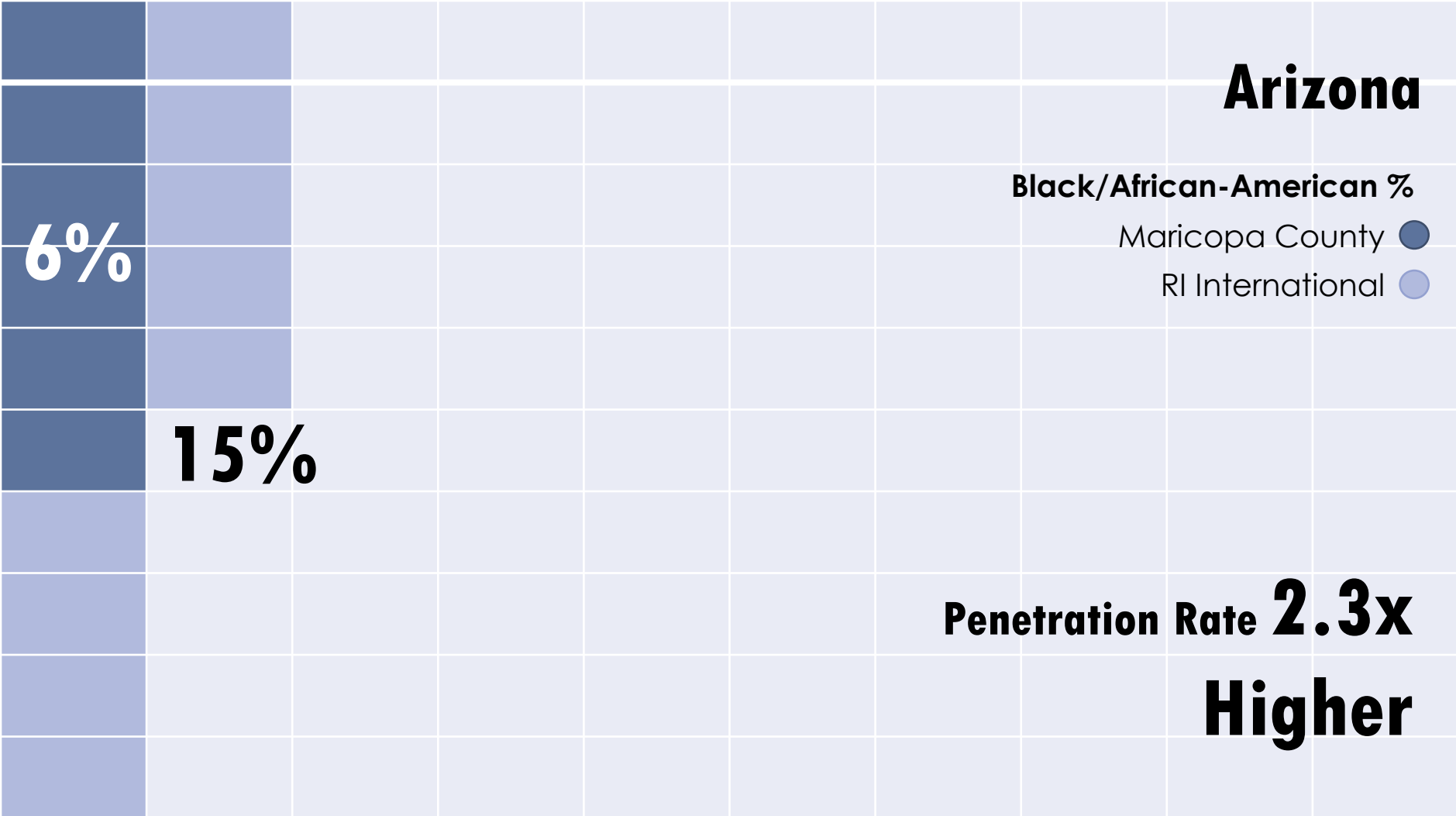
RI International ●

6%

15%

Penetration Rate **2.3x**

Higher



California

Black/African-American %

Riverside County ●

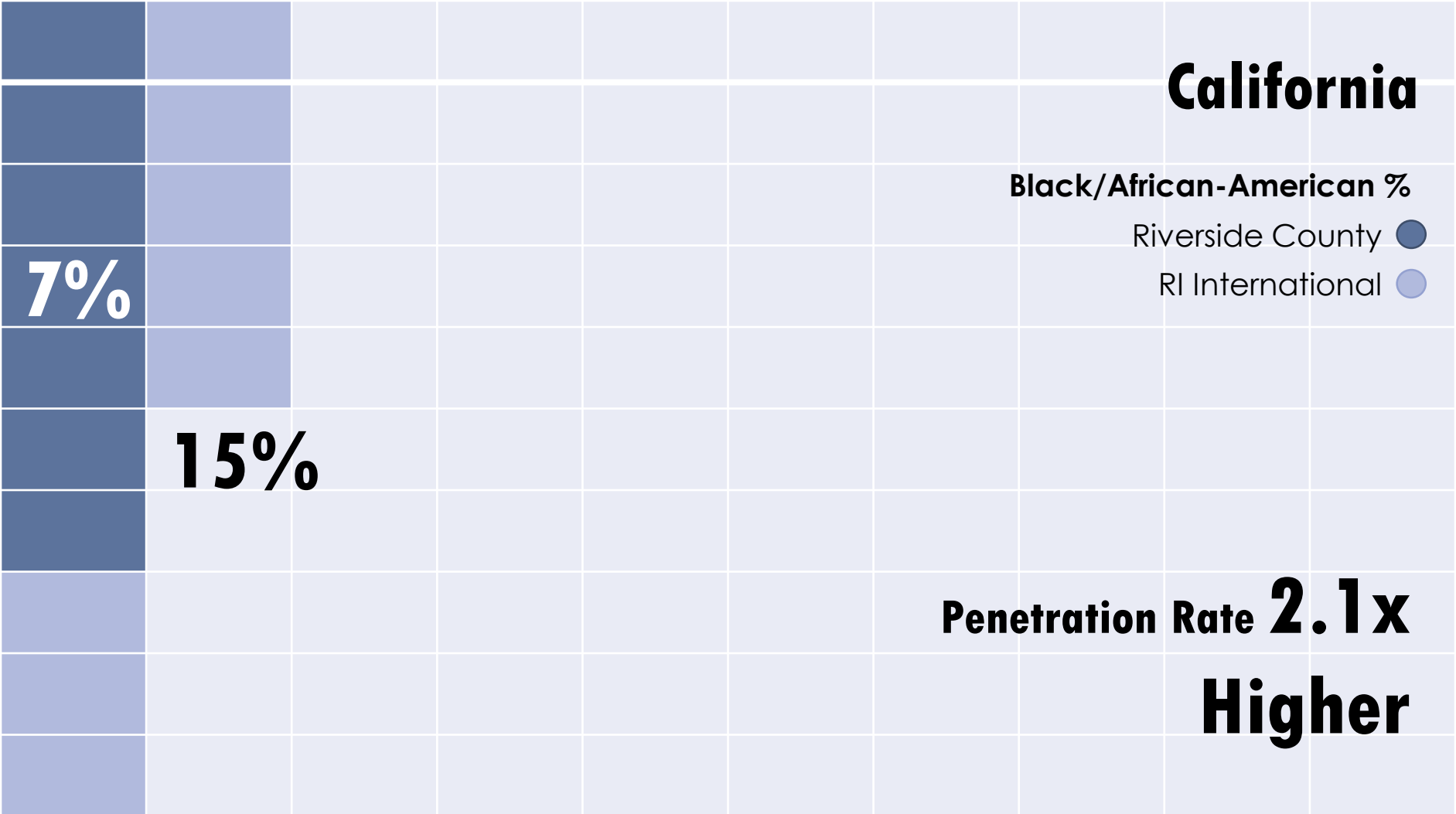
RI International ●

7%

15%

Penetration Rate **2.1x**

Higher



23%

37%

Delaware

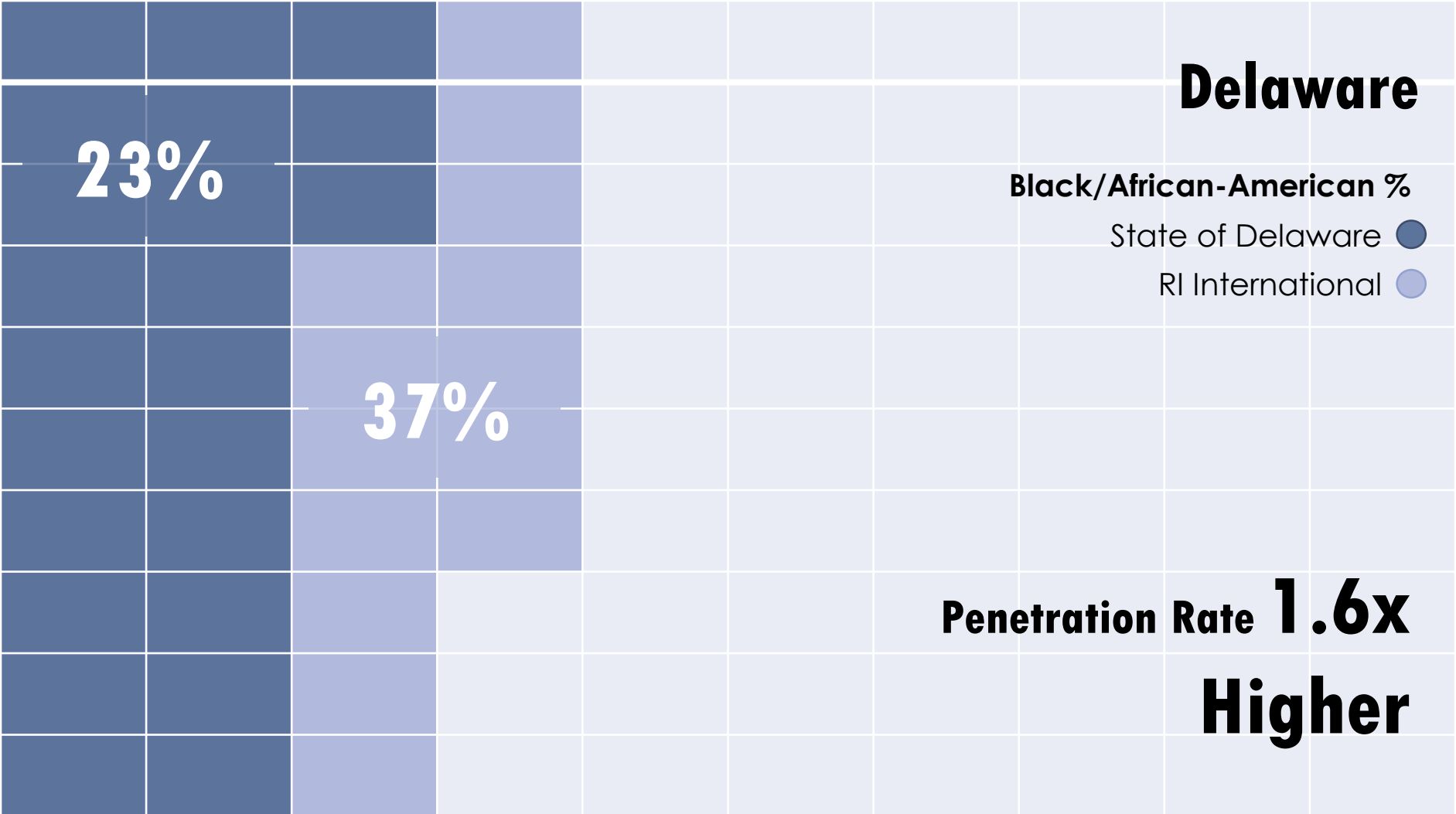
Black/African-American %

State of Delaware ●

RI International ●

Penetration Rate 1.6x

Higher



North Carolina

Black/African-American %

Eastern North Carolina ●

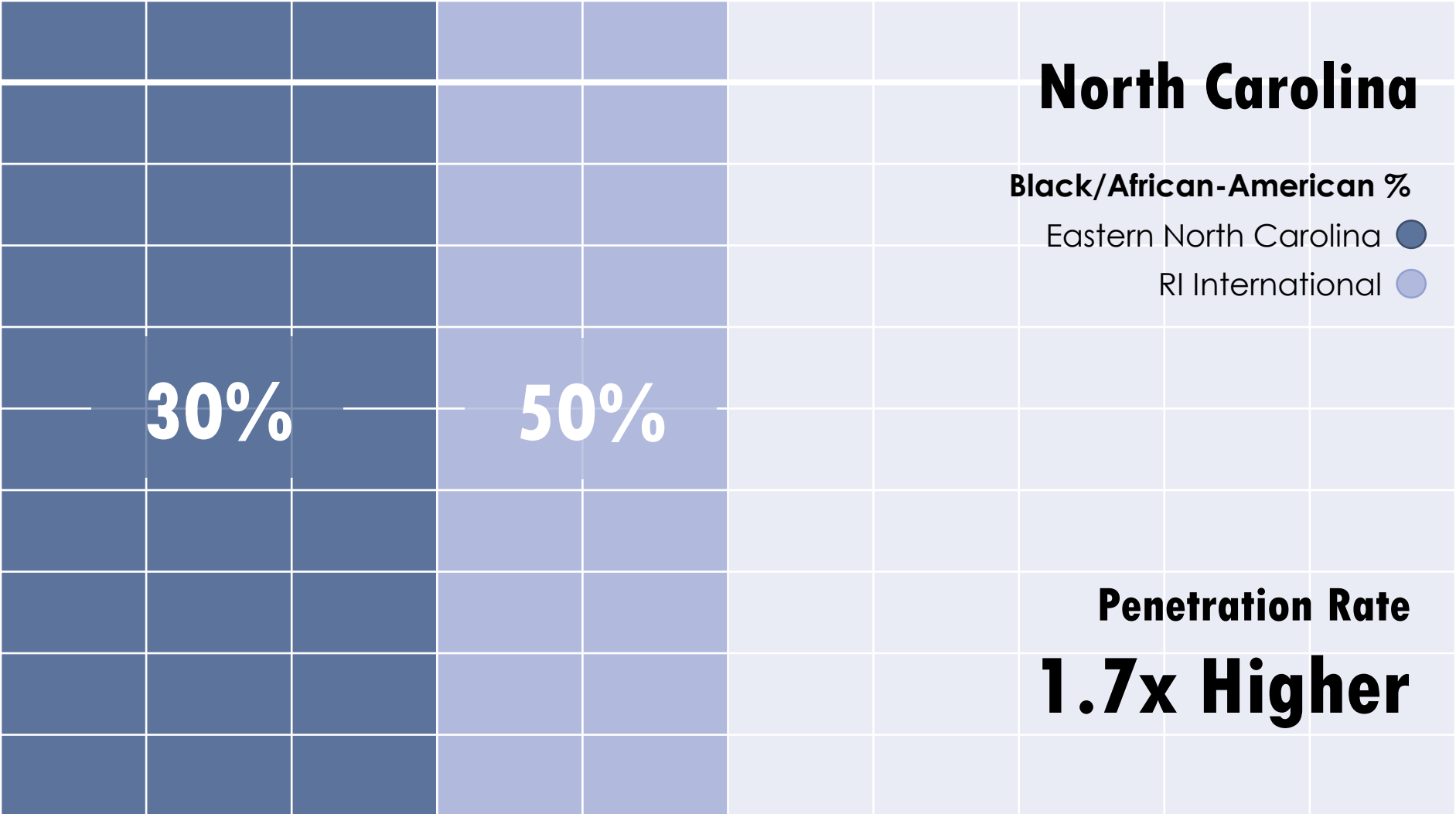
RI International ●

30%

50%

Penetration Rate

1.7x Higher



Washington State

Black/African-American %

Pierce County ●

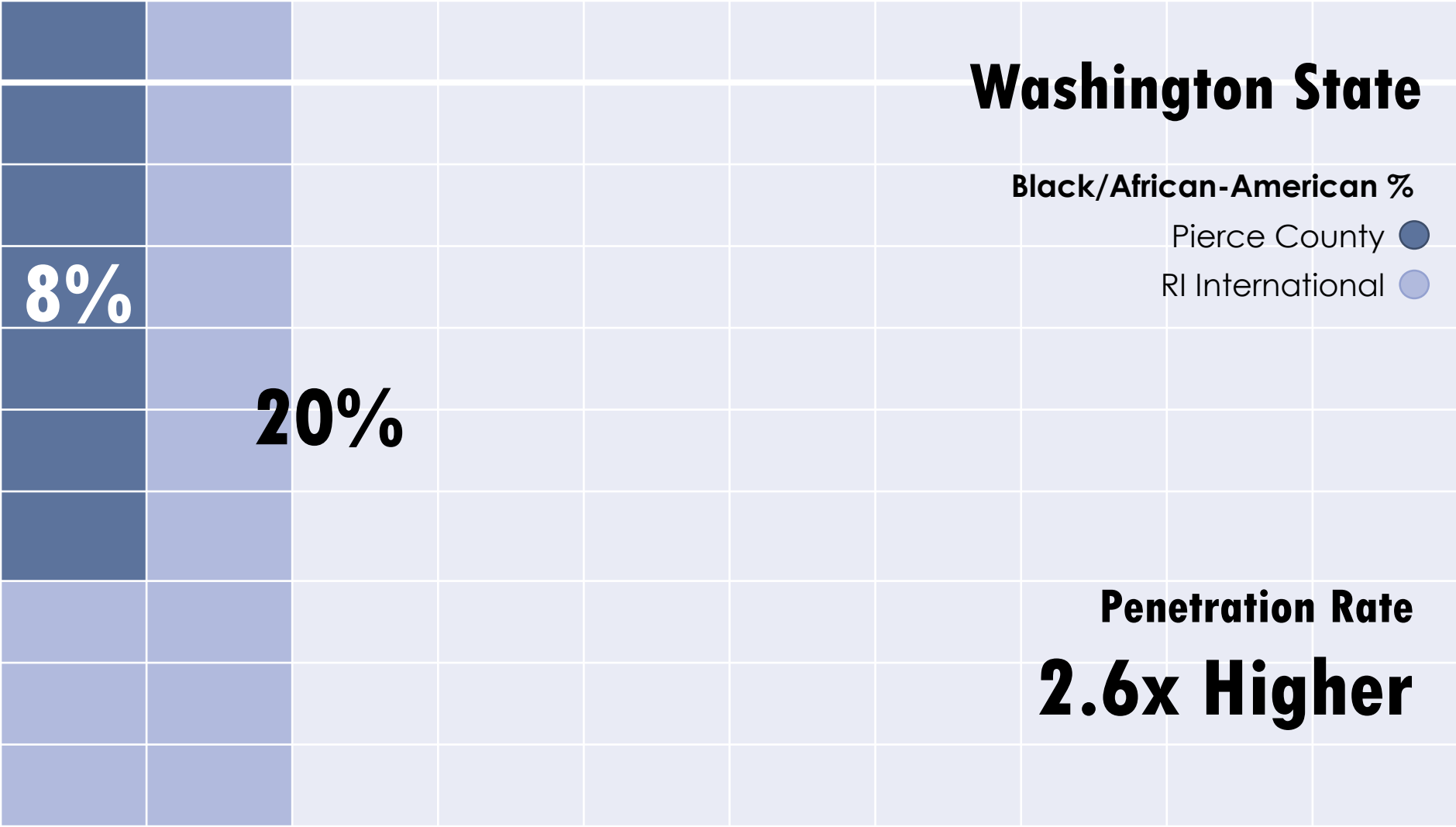
RI International ●

8%

20%

Penetration Rate

2.6x Higher



12%

26%

RI International

Black/African-American %

National Average in RI

Geography

Guests Served by RI International

Penetration Rate

2.2x Higher



Emergency/Crisis?



1. Someone to talk to

2. Someone to come to you

3. A place to go



The Outcome of this Approach

- ▶ 21% of total law enforcement staff time was used to respond to and transport individuals with mental illness in 2017 (TAC Road Runners Report);
- ▶ More than half of LA County inmates who are mentally ill don't need to be in jail according to a recent study; *and*
- ▶ 80 percent of ED medical directors reported that their hospital “boards” psychiatric patients and boarding can often last for over 24 hours, if not days (2008 study).

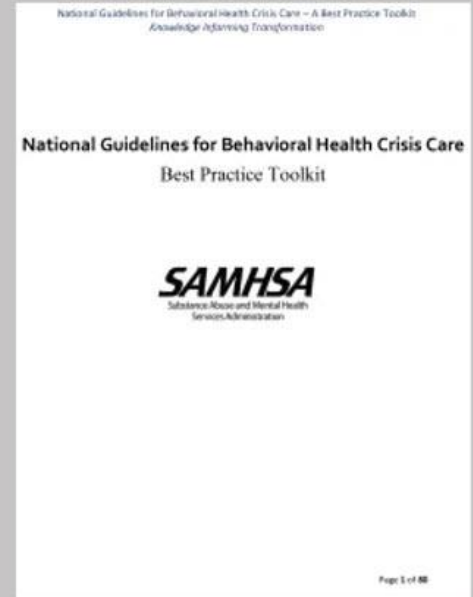
A Path to Better Care

1. 2016 ***Crisis Now: Transforming Care is Within Reach...*** developed through the National Action Alliance for Suicide Prevention
2. 2018 www.crisisnow.com operated by the **National Association of State Mental Health Program Directors (NASMHPD)**
3. 2020 ***SAMHSA National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit***
4. 2022 **988** will be accessible to all in the United States; offering a true alternative to existing 911 option

NATIONAL GUIDELINES FOR BEHAVIORAL HEALTH CRISIS CARE: BEST PRACTICE TOOLKIT

The National Guidelines for Crisis Care – A Best Practice Toolkit advances national guidelines in crisis care within a toolkit that supports program design, development, implementation and continuous quality improvement efforts. It is intended to help mental health authorities, agency administrators, service providers, state and local leaders think through and develop the structure of crisis systems that meet community needs.

This document was produced for the Substance Abuse and Mental Health Services Administration (SAMHSA), and the U.S. Department of Health and Human Services (HHS).



[DOWNLOAD](#)

CrisisNow.com

Mental Health and/or Substance Use Crisis

1. Someone to call

988

Coming in 2022!



2. Someone to come to you



3. A place to go



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



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)

Calculated from Arizona data, 2017

Saved the equivalent of 37 FTE Police Officers



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

CRISIS CALL HUB

①



Someone to talk to

Minimum Expectations:

24/7 Availability, Clinical Oversight, Assessment of Suicide Risk, Mobile Team and Facility Connections



1

CRISIS CALL HUB

Best Practice:

Caller ID, GPS Mobile Team
Dispatch, Bed Registry, Outpatient
Scheduling

MOBILE CRISIS

②



Someone to come to you

Minimum Expectations:

Clinician Response, Community-Based and Warm Hand-Off to Facility as Needed

MOBILE CRISIS

2



Best Practice:

Peer on Each Response, GPS-Enabled Tech, Engaging Police Only as Last Resort

Crisis Receiving Center



A place to go

Minimum Expectations:

Accept All Referrals, No Default of ED First, 24/7 Staffed Incl. Medical and Clinical

Crisis Receiving Center

3



Best Practice:

Dedicated First Responder Area,
Incorporate Intensive Support
Beds, Bed Registry and
Connections to Ongoing Care

Core Crisis System Principles

Recovery Needs

Trauma Informed Care

Safety & Security for All

Significant Role Peers

Zero Suicide/Safer Care

1st Responder Partnerships

FUSION REACTOR

Core Challenges to Crisis Care



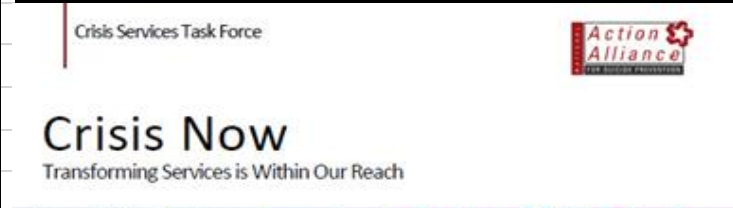
Real Tools for Advancing Crisis Care



Calculate Need, Flow, Cost and Impact

Crisis Now Crisis System Calculator (Michigan)		
	No Crisis Care	Crisis Now
# of Crisis Episodes Annually (200/100,000 Monthly)	239,685	239,685
# Initially Served by Acute Inpatient	162,986	33,556
# Referred to Acute Inpatient From Crisis Facility	-	13,338
Total # of Episodes in Acute Inpatient	162,986	46,894
# of Acute Inpatient Beds Needed	3,473	999
Total Cost of Acute Inpatient Beds	\$ 1,140,898,544	\$ 328,260,000
# Referred to Crisis Bed From Stabilization Chair	-	53,354
# of Short-Term Beds Needed	-	406
Total Cost of Short-Term Beds	\$ -	\$ 133,384,462
# Initially Served by Crisis Stabilization Facility	-	129,430
# Referred to Crisis Facility by Mobile Team	-	23,010
Total # of Episodes in Crisis Facility	-	152,439
# of Crisis Receiving Chairs Needed	-	477
Total Cost of Crisis Receiving Chairs	\$ -	\$ 171,494,308
# Served Per Mobile Team Daily	4	4
# of Mobile Teams Needed	-	74
Total # of Episodes with Mobile Team	-	76,699
Total Cost of Mobile Teams	\$ -	\$ 22,064,114
# of Unique Individuals Served	162,986	239,685
TOTAL Inpatient and Crisis Cost	\$ 1,140,898,544	\$ 655,202,884
ED Costs (\$1,233 Per Acute Admit)	\$ 200,961,129	\$ 57,820,654
TOTAL Cost	\$ 1,341,859,673	\$ 713,023,539
TOTAL Change in Cost		-47%

Population Census	9,986,857
ALOS of Acute Inpatient	7
Avg. Cost of Acute Bed/Day	\$ 900
<i>Please edit these 3 variables to estimate optimal allocations</i>	

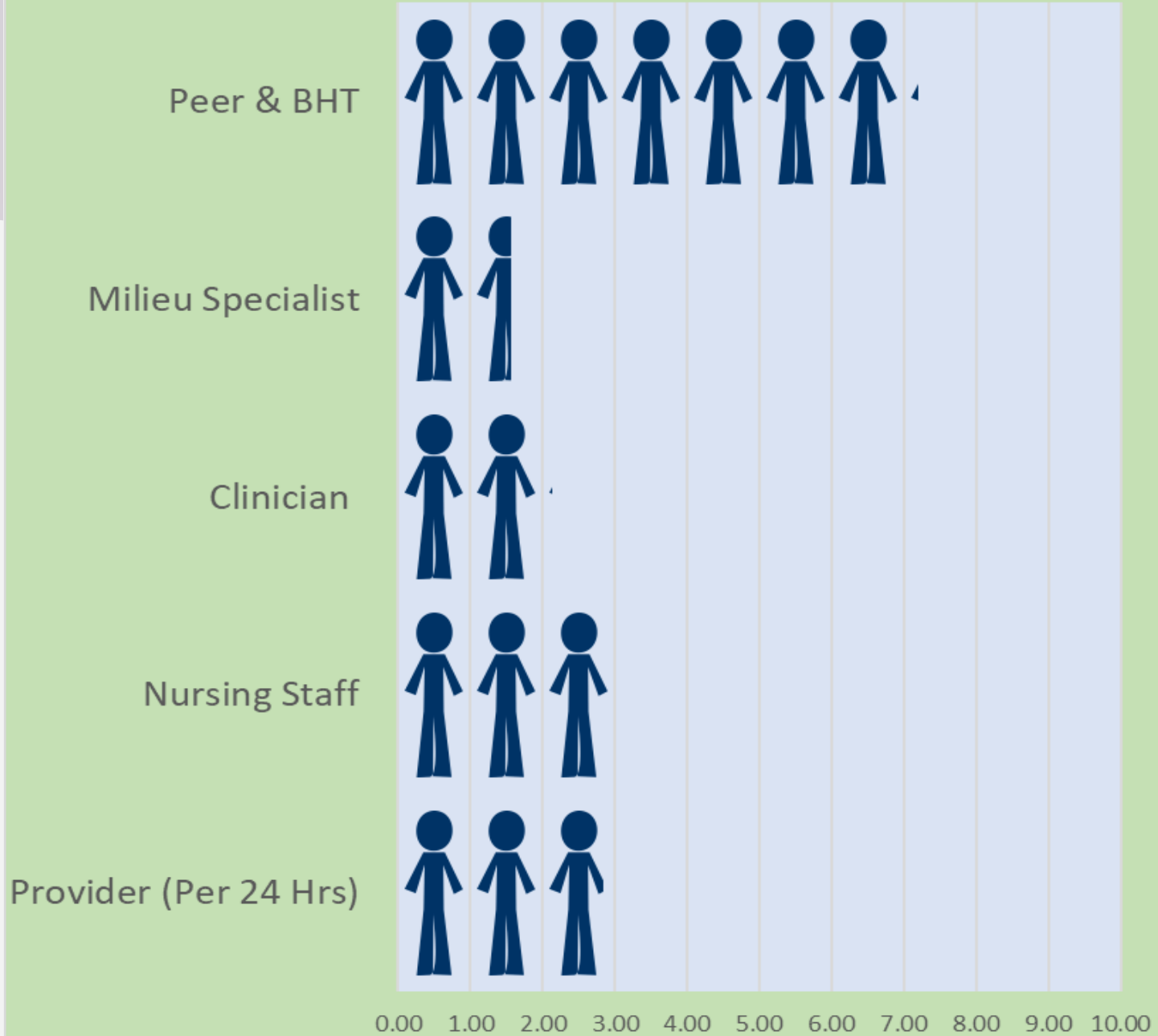


Estimated cost to state of Michigan for call center (988 with CTC), mobile crisis and crisis receiving centers is \$94,218,539 annually.

Crisis Receiving Center Staffing Tool

Crisis Receiving Center Staffing Tool

Suggested Staffing Pattern Per Shift



Time to Plan for 988!

5%
Veteran's Crisis Line

10%
National Suicide
Prevention Lifeline

85%
Local, County & State
Crisis Lines



**7 - 9 million
visits per year**

5,273 Hospital EDs with all visits totaling 139 million

EMERGENCY



3m
Lifeline

13m
Local,
County, and
State Crisis
Lines



24m

Estimated 10% of
the 240-250 million
annual calls to 911
(NENA)

Annual Crisis Calls (US)

... and Strong System of Care!!!

Access to quality outpatient care that includes:

1. Assertive Community Treatment (ACT)
2. Residential Treatment
3. Respite
4. Medication Assisted Treatment (MAT)
5. Supported Employment
6. Permanent Supportive Housing



Thank you!

WWW.CRISISNOW.COM

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