

Crisis Services Systems – Urban & Rural Service Challenges & Opportunities

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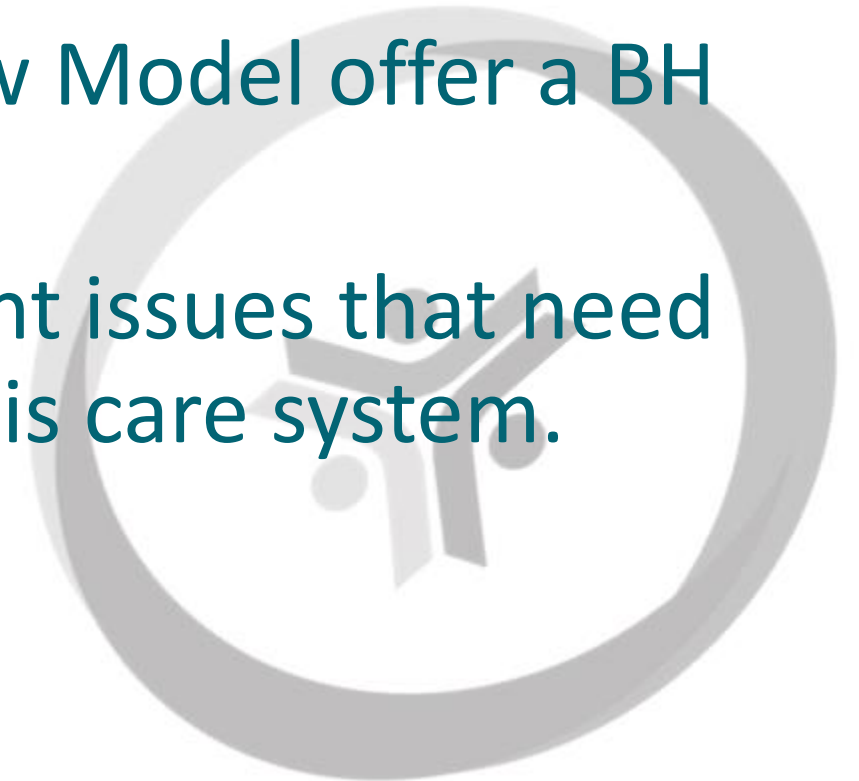
VP, Western U.S.

RI International, Inc.



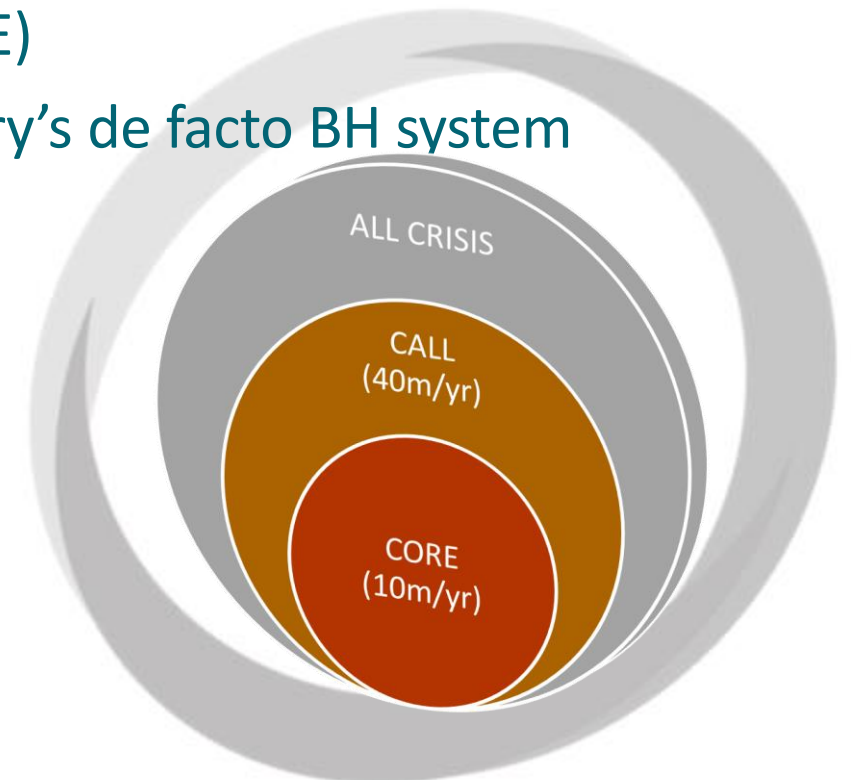
Learning Objectives

- To better understand the inadequacies of the traditional response to behavioral health crises.
- To appreciate that 988 & Crisis Now Model offer a BH crisis care system on par with 911.
- To learn about the system alignment issues that need to be addressed to realize a BH crisis care system.



The State of Crises

- Over 47,000 thousand Americans will die from suicide this year
- Today, thousands of Americans will ask for help to resolve their crisis & most often the 1st responder is law enforcement (LE)
- The Criminal Justice System is referred as the country's de facto BH system



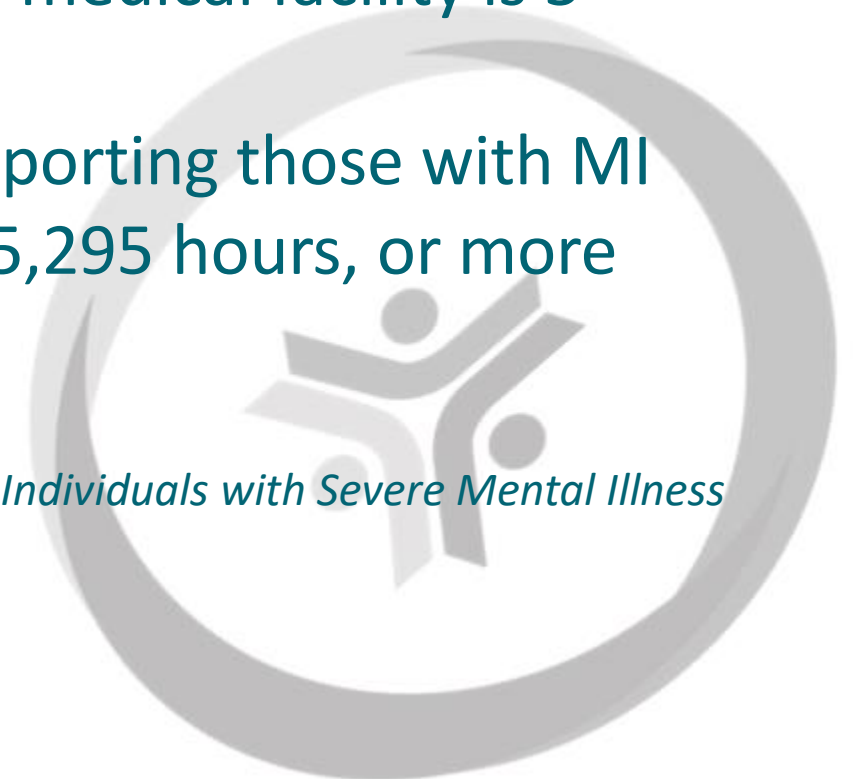
The State of Crises



The Impact on Law Enforcement

- 10% is spent responding to & transporting those with SMI
- Average distance to transport a BH crisis to a medical facility is 5 times farther than transporting to jail
- Nationwide, \$918 million was spent on transporting those with MI
- Time spent transporting those with SMI - 165,295 hours, or more than 18 years.

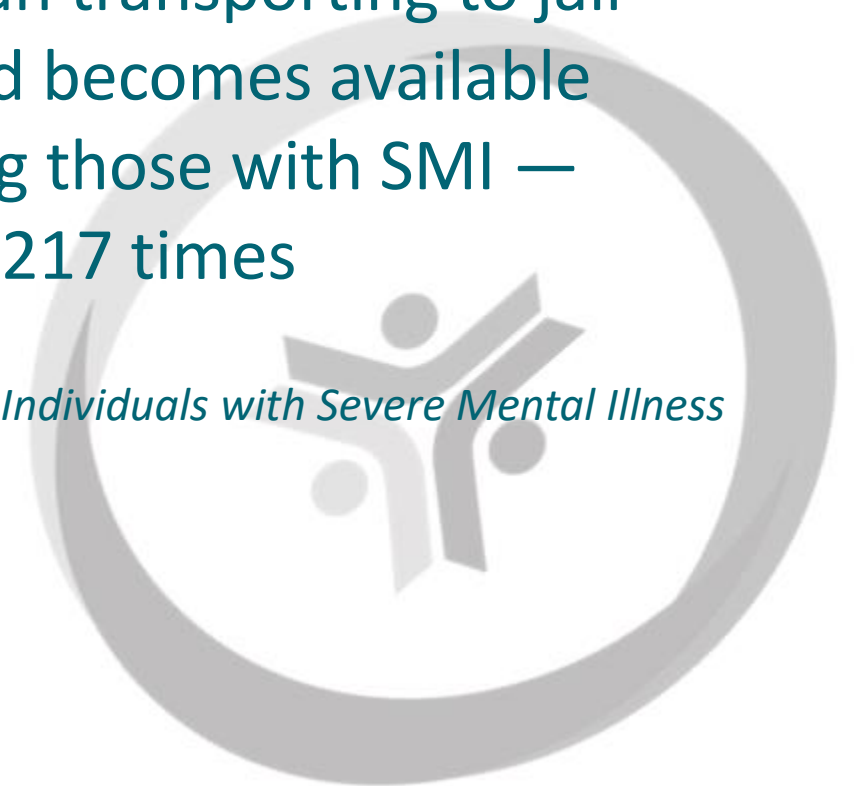
Road Runners: The Role and Impact of Law Enforcement in Transporting Individuals with Severe Mental Illness (May 2019) – Treatment Advocacy Center



The Impact on Law Enforcement

- 21% of time is used to respond to & transport those with SMI
- ED onboarding is almost 2.5 hours longer than transporting to jail
- Must wait 72 hours or more until a psych bed becomes available
- A total of 5,424,212 miles driven transporting those with SMI — equivalent of driving the equator more than 217 times

Road Runners: The Role and Impact of Law Enforcement in Transporting Individuals with Severe Mental Illness (May 2019) – Treatment Advocacy Center



Criminal Justice System is Traumatizing

- Pre-arrest circumstances
- Arrest circumstances
- Disruptions in social networks
- Exposure to triggering stimuli
- Exposure to others with traumatic histories
- Exposure to others with antisocial & violent propensities
- Loss of control
- Humiliation
- Public exposure
- Fear of the unknown

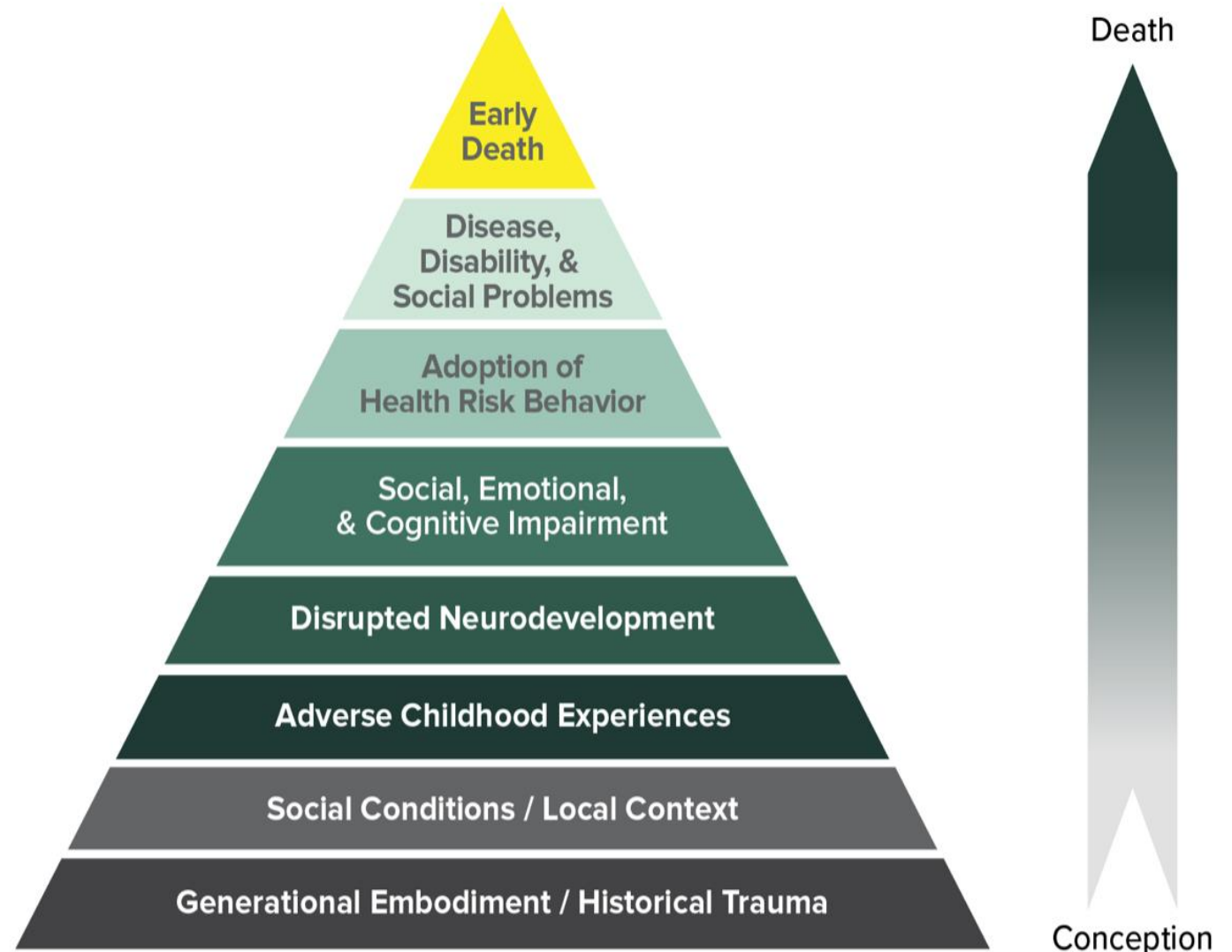
*Pineals, 2015; Miller & Naiavits, 2012



Trauma, Behavioral Health, & Criminal Justice

- High trauma exposure in juvenile justice involved youth
- High trauma for those receiving care in psychiatric settings
- High trauma among individuals in jails & prisons
- High trauma, victimization, & offending, SUD - all interplay
- Early & more prolonged trauma leads to biological & developmental disruption

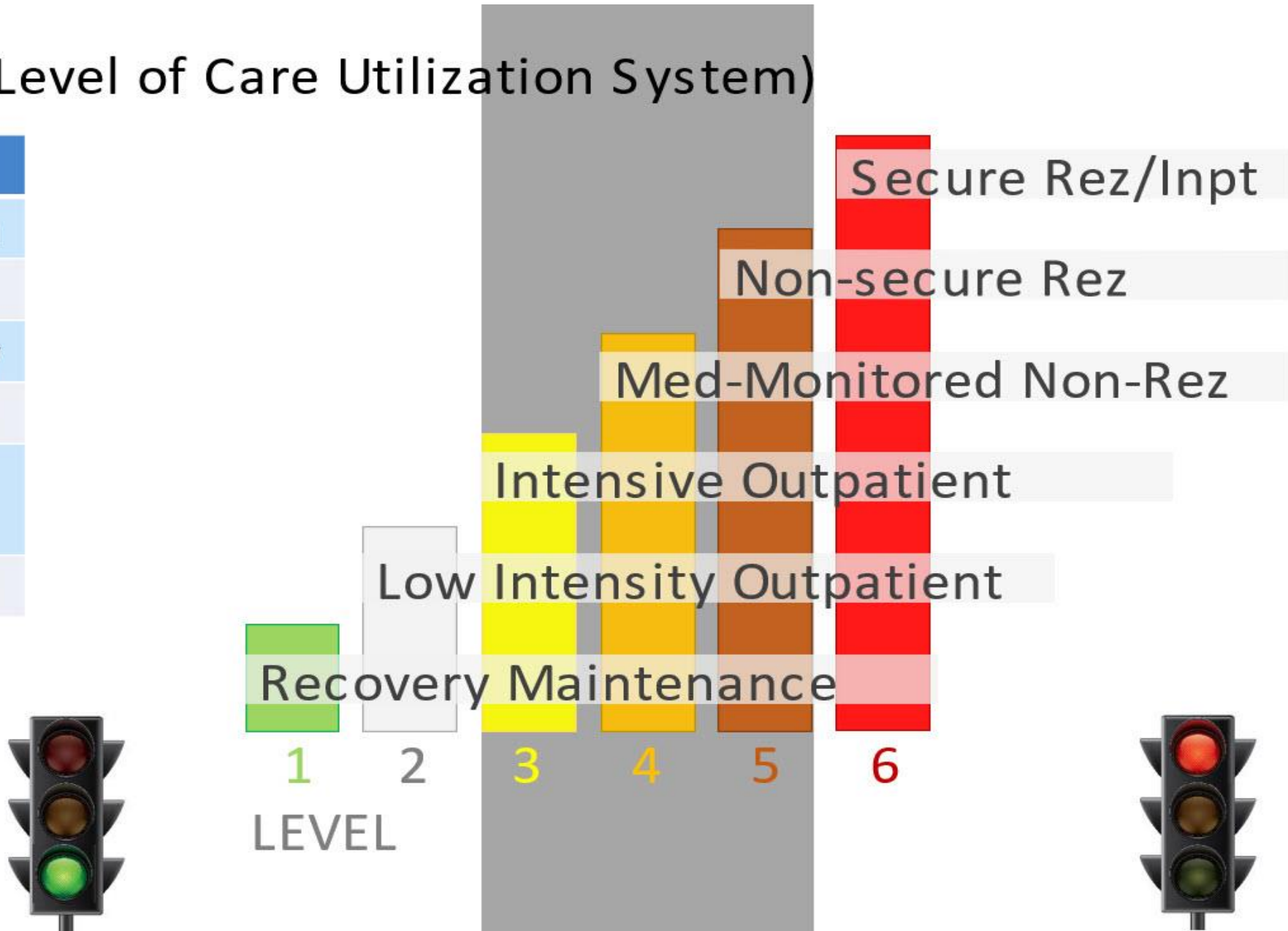
*Hodas 2004 Muesar et al., 1998, Lipschitz et al., 1999, NASMHPD, 1998, SAMHSA 2015

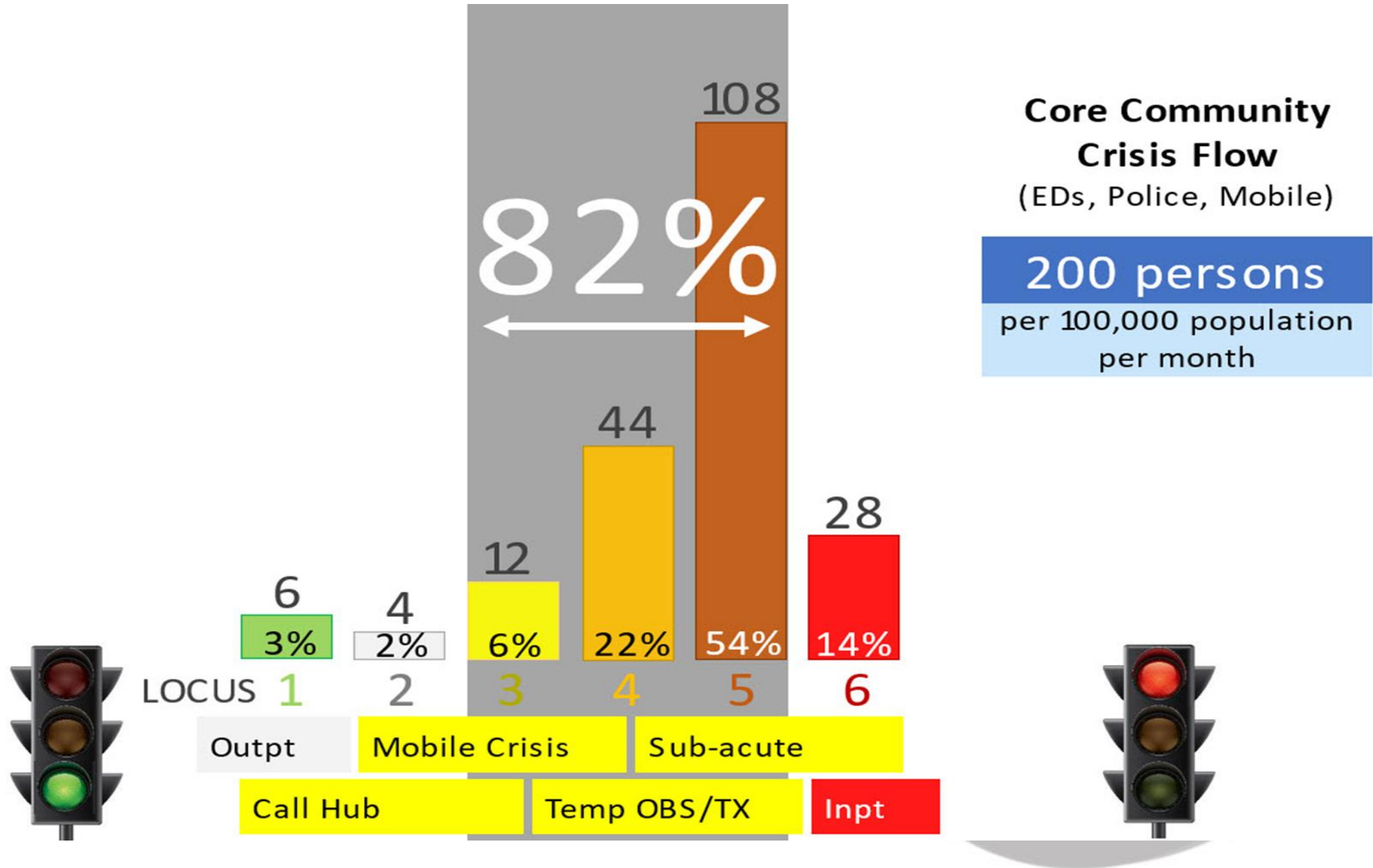


Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

LOCUS (Level of Care Utilization System)

Dimensions
Risk of Harm
Functioning
Co-Morbidity
Environment
Treatment History
Engagement





2005 till now

Supreme Court Ruling



WASH. ST.

COLUMBINE HIGH SCHOOL
SPRING BREAK
MARCH 18 - 28



A Plan to Safeguard All Coloradans



COLORADO


On...hospital EDS to provide behavioural evaluation and treatment is **not appropriate, not safe, and not an efficient use of dwindling community emergency resources.** More importantly, it impacts the patient, the patient's family,

CALIFORNIA



Arizona Health Care Cost Containment System

Never Reject Police Drop-off



ARIZONA



EMERGENCY

Mobile Crisis Hospital By-pass



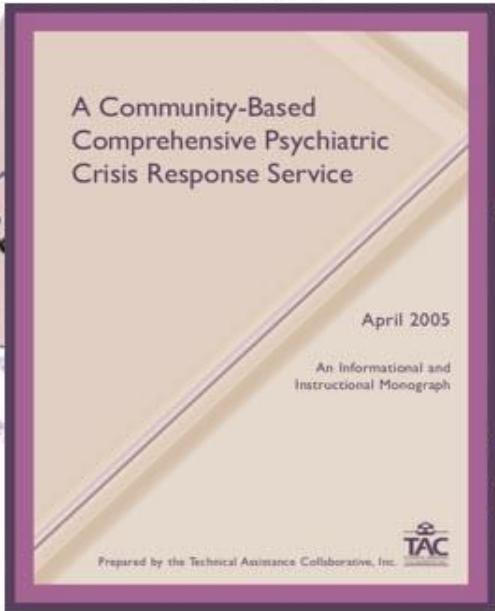
Air Traffic Control

GEORGIA

Statewide Systems



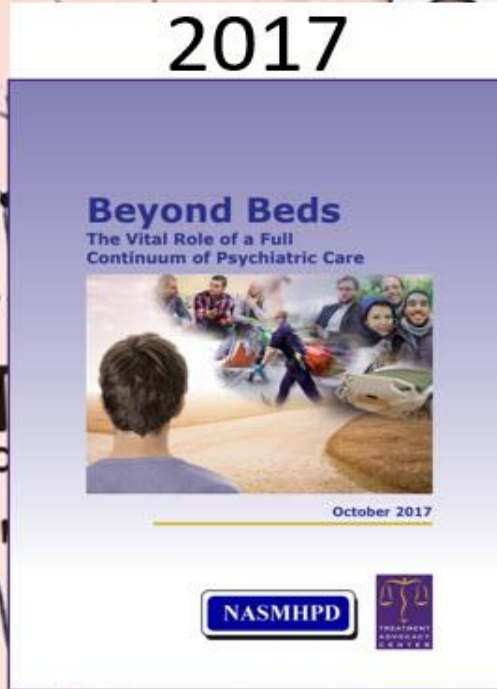
2005



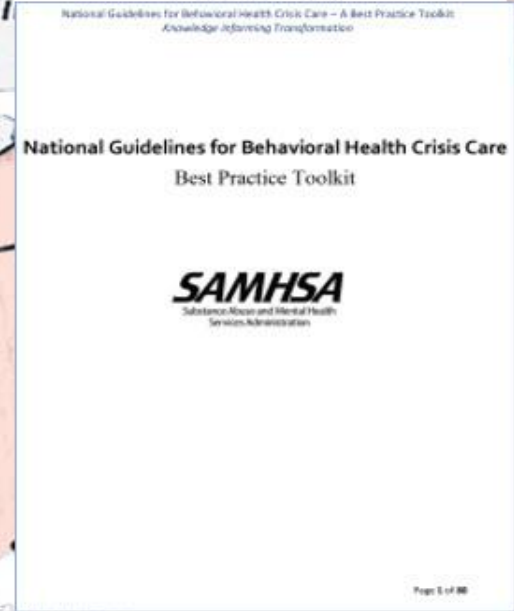
2016



2017



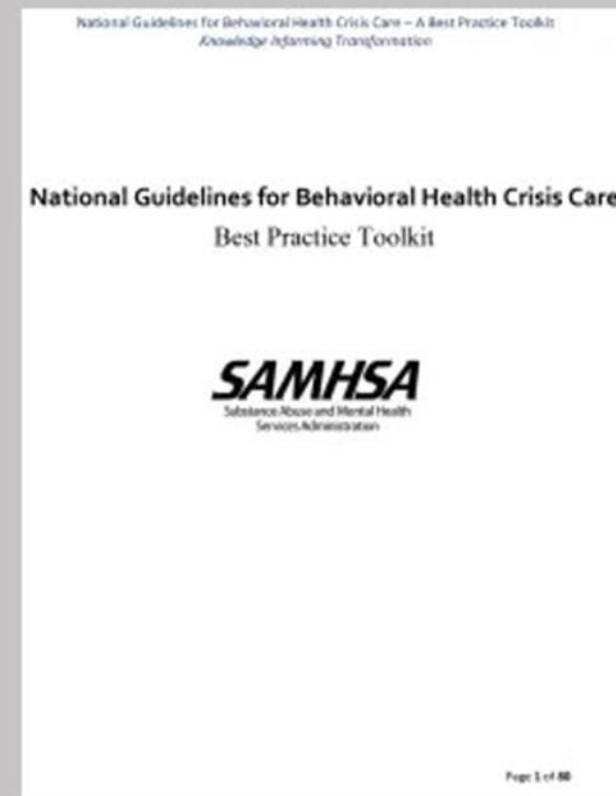
2020



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](#)

A True BH Emergency Response System



Contact



Support



Rescue



Anyone, Anytime, Anywhere

Care Traffic Control Hub

90% stabilization

Best Practice:

- Caller ID
- GPS Mobile Team Dispatch
- Bed Registry
- OP Scheduling



MOBILE CRISIS TEAMS

70% stabilization

Best Practice:

- Peer & Clinician
- GPS Dispatch
- Police reserved for public safety

Crisis Receiving Centers

66% stabilization

Best Practices:

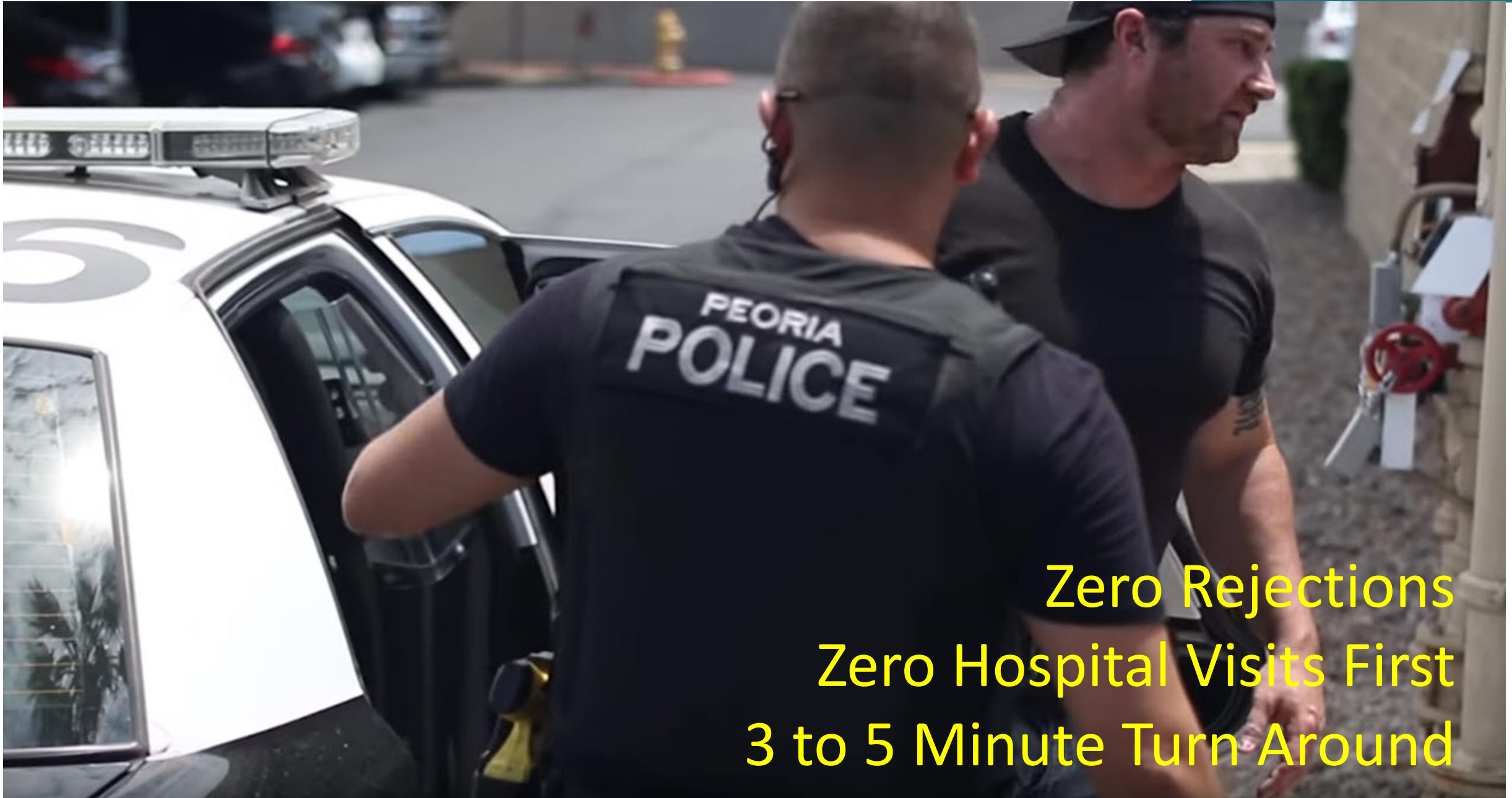
- No wrong door
- Up to 23 hour stay w/recliners
- No advance medical clearance
- Medical/clinical & peer staff
- Meaningful engagement:
- 7-10 hour stays
- 6% referred for medical care

Crisis Stabilization Centers

66% stabilization

Best Practice:

- 1st responder sally port
- Intensive support with beds
- Connections to ongoing care
- Stays of up to 2 weeks
- Minimal seclusion & restraints



Zero Rejections
Zero Hospital Visits First
3 to 5 Minute Turn Around

A Crisis Care Continuum beyond Stabilization

- Campus of Connection (integrated w/primary care & Rx)
- Crisis respite
- ACT & FACT
- IOP & OP
- Warm lines with chat & text; & supplemented by app technology
- Peer support & navigation
- Transitional housing
- Permanent Supportive Housing
- Supported education & employment



Crisis Now Model – the Standard of Practice

- *The current literature generally supports that crisis residential care is as effective as other longer psychiatric inpatient care at improving symptoms and functioning.*
- *It also demonstrates that the satisfaction of these services is strong, and the overall costs for residential crisis services are less than traditional inpatient care.*

SAMHSA News, “Guiding Principles of Trauma-Informed Care (2014). Spring, Volume 22, Number 2. p.9.



Crisis Now Model – It Works

Performance

- ALOS
- Diversion
- Conversion from involuntary
- Seclusion & Restraints
- PD Drop-off rates
- PD Drop-off times
- Cost savings
- Enhanced satisfaction

Context





3m

13m

**Local, County,
and State Crisis
Lines**

24m



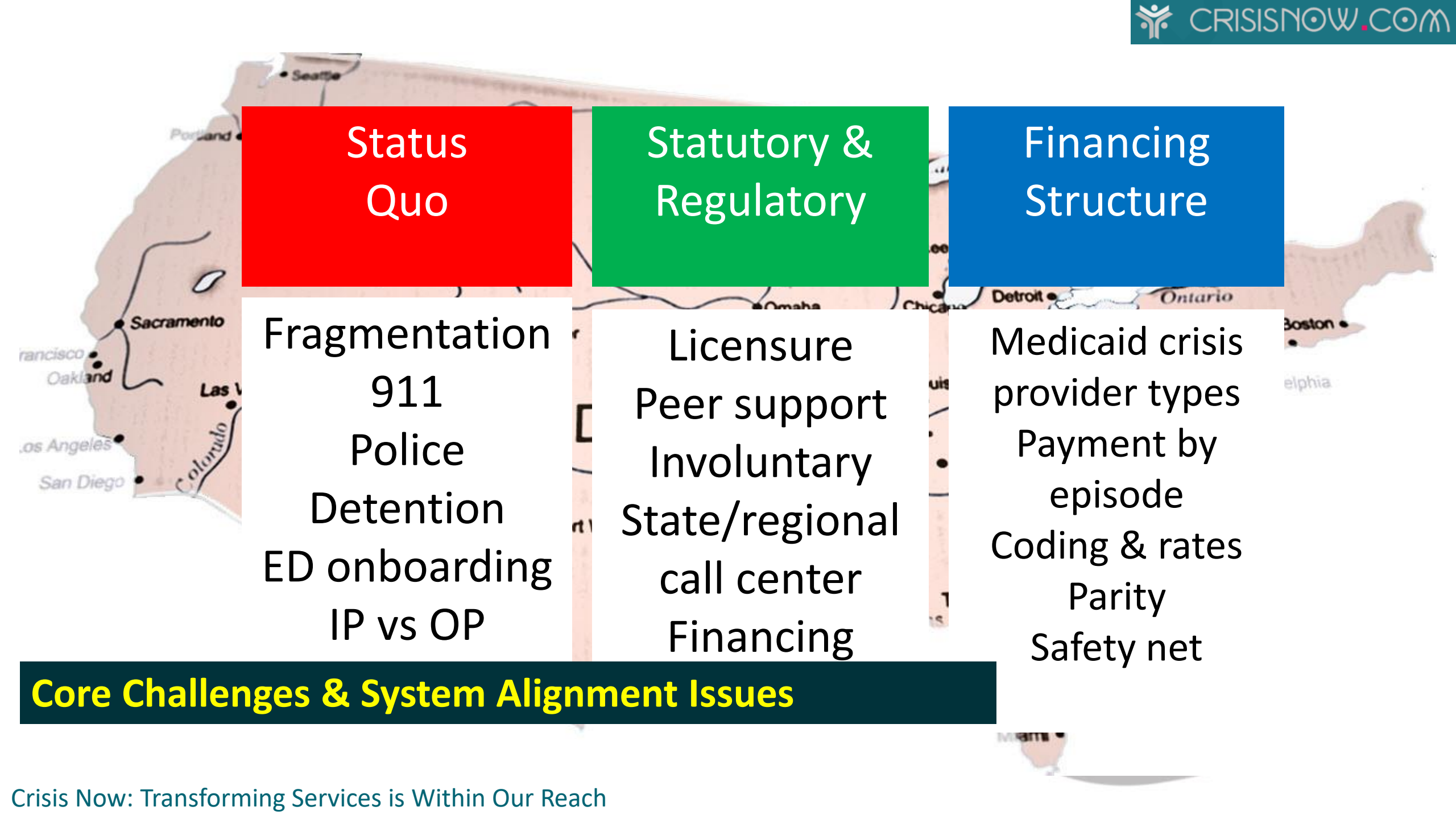
Annual Crisis Calls (US)

911

**Medical Emergency
or
Immediate Danger**

988

**Mental Health Crisis
&
Suicide Hotline**



**Status
Quo**

Fragmentation
911
Police
Detention
ED onboarding
IP vs OP

**Statutory &
Regulatory**

Licensure
Peer support
Involuntary
State/regional
call center
Financing

**Financing
Structure**

Medicaid crisis
provider types
Payment by
episode
Coding & rates
Parity
Safety net

Core Challenges & System Alignment Issues

12%

27%

RI International

- Black/African-American %
- National Average in RI Geography ●
- Guests Served by RI International ●

Penetration Rate
2.4x Higher



Geography
Distance
No coverage
Diminished BH workforce
Broadband access
Equipment
Inequities
Disparities
Despair



Other Core Challenges



Thank You!

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