Crisis Care in 2020

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

<table>
<thead>
<tr>
<th>Rate ratios compared to White, Non-Hispanic Persons</th>
<th>American Indian or Alaska Native, Non-Hispanic persons</th>
<th>Asian, Non-Hispanic persons</th>
<th>Black or African American, Non-Hispanic persons</th>
<th>Hispanic or Latino persons</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cases</strong>&lt;sup&gt;1&lt;/sup&gt;</td>
<td>2.8x higher</td>
<td>1.1x higher</td>
<td>2.6x higher</td>
<td>2.8x higher</td>
</tr>
<tr>
<td><strong>Hospitalization</strong>&lt;sup&gt;2&lt;/sup&gt;</td>
<td>5.3x higher</td>
<td>1.3x higher</td>
<td>4.7x higher</td>
<td>4.6x higher</td>
</tr>
<tr>
<td><strong>Death</strong>&lt;sup&gt;3&lt;/sup&gt;</td>
<td>1.4x higher</td>
<td>No Increase</td>
<td>2.1x higher</td>
<td>1.1x higher</td>
</tr>
</tbody>
</table>
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**
<table>
<thead>
<tr>
<th></th>
<th>Arizona</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African-American %</td>
<td>RI International</td>
</tr>
<tr>
<td>Maricopa County</td>
<td>Maricopa County</td>
</tr>
<tr>
<td>Penetration Rate 2.3x Higher</td>
<td>Penetration Rate 2.3x Higher</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6%</th>
<th>15%</th>
</tr>
</thead>
</table>
## California

<table>
<thead>
<tr>
<th>Black/African-American %</th>
<th>Riverside County</th>
<th>RI International</th>
</tr>
</thead>
<tbody>
<tr>
<td>7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Penetration Rate**: 2.1x Higher
Penetration Rate 1.6x Higher

State of Delaware

RI International
30% 50%

Penetration Rate
1.7x Higher

North Carolina

Black/African-American %
Eastern North Carolina
RI International

Penetration Rate
<table>
<thead>
<tr>
<th>Washington State</th>
<th>Penetration Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African-American %</td>
<td>2.6x Higher</td>
</tr>
<tr>
<td>Pierce County</td>
<td>8%</td>
</tr>
<tr>
<td>RI International</td>
<td>20%</td>
</tr>
</tbody>
</table>
Penetration Rate

2.2x Higher

RI International

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

12%

26%
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).
1. 2016 *Crisis Now: Transforming Care is Within Reach*… developed through the National Action Alliance for Suicide Prevention

2. 2018 [www.crisisnow.com](http://www.crisisnow.com) operated by the National Association of State Mental Heath 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).
Mental Health and/or Substance Use Crisis

1. Someone to call
   - 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.

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

Saved the equivalent of 37 FTE Police Officers

Fire savings just starting.

Aetna/Mercy Maricopa 2017 report

Calculated from Arizona data, 2017

Calculated from "Impact of psychiatric patient boarding in EDs" (2012) (Nicks and Manthey)

BJA presentation at ISMCC (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
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
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

Best Practice:
Dedicated First Responder Area, Incorporate Intensive Support Beds, Bed Registry and Connections to Ongoing Care
<table>
<thead>
<tr>
<th>Core Crisis System Principles</th>
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</thead>
<tbody>
<tr>
<td><strong>Recovery Needs</strong></td>
</tr>
<tr>
<td>Trauma Informed Care</td>
</tr>
<tr>
<td>Safety &amp; Security for All</td>
</tr>
<tr>
<td><strong>Significant Role Peers</strong></td>
</tr>
<tr>
<td>Zero Suicide/Safer Care</td>
</tr>
<tr>
<td>1st Responder Partnerships</td>
</tr>
</tbody>
</table>
Core Challenges to Crisis Care

- Specific Codes
  - National crisis billing codes

- Emergency Response
  - Rethinking access

- Financing
  - Reimbursement Strategies
Real Tools for Advancing Crisis Care
## Crisis Now Crisis System Calculator (Michigan)

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

### Population Census
- 9,986,857

### ALOS of Acute Inpatient
- 7

### Avg. Cost of Acute Bed/Day
- $900

Please edit these 3 variables to estimate optimal allocations.

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

5% Veteran's Crisis Line
10% National Suicide Prevention Lifeline
85% Local, County & State Crisis Lines

16+ million calls per year
165+ Crisis Centers

7 - 9 million visits per year
5,273 Hospital EDs with all visits totaling 139 million

911
24 million calls per year
6,100 PSAPs with all calls totaling 240 million (NENA, 2018)
| **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)** |

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**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)**
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!

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PAUL.GALDYS@RIINTERNATIONAL.COM