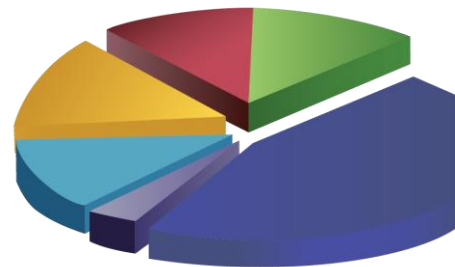


SMHAs' Use of Technology to Improve the Delivery of Behavioral Health Crisis Services in the United States

National Dialogues in Behavioral Health
October 15, 2020



Introduction

- State mental health authorities (SMHAs) are often tasked with ensuring the availability of behavioral health crisis services.
- 2020 SAMHSA/NASMHPD Technical Assistance Coalition Paper: *Using Technology to Improve the Delivery of Behavioral Health Services in the U.S.*
 - Literature review to identify use of technology in the delivery of behavioral health crisis services
 - Eight interviews with representatives from state, local, and/or non-profit organizations in Alaska, Colorado, Nebraska, New Mexico, Tennessee, and South Carolina
 - Goal of the paper to understand how states leverage technology, and the opportunities and challenges technology presents in the delivery of behavioral health crisis services

SAMHSA's National Guidelines for Behavioral Health Crisis Care

- Crisis services are available for anyone, anywhere, and anytime.
- An effective crisis service continuum should include:
 - Statewide or regional crisis hotlines
 - Mobile crisis response teams that meet individuals in the community
 - Crisis receiving and stabilization facilities open to all referral sources
- Other relevant recommendations:
 - Collaborate with first responders
 - Increase use of telehealth, especially in rural areas, to improve access

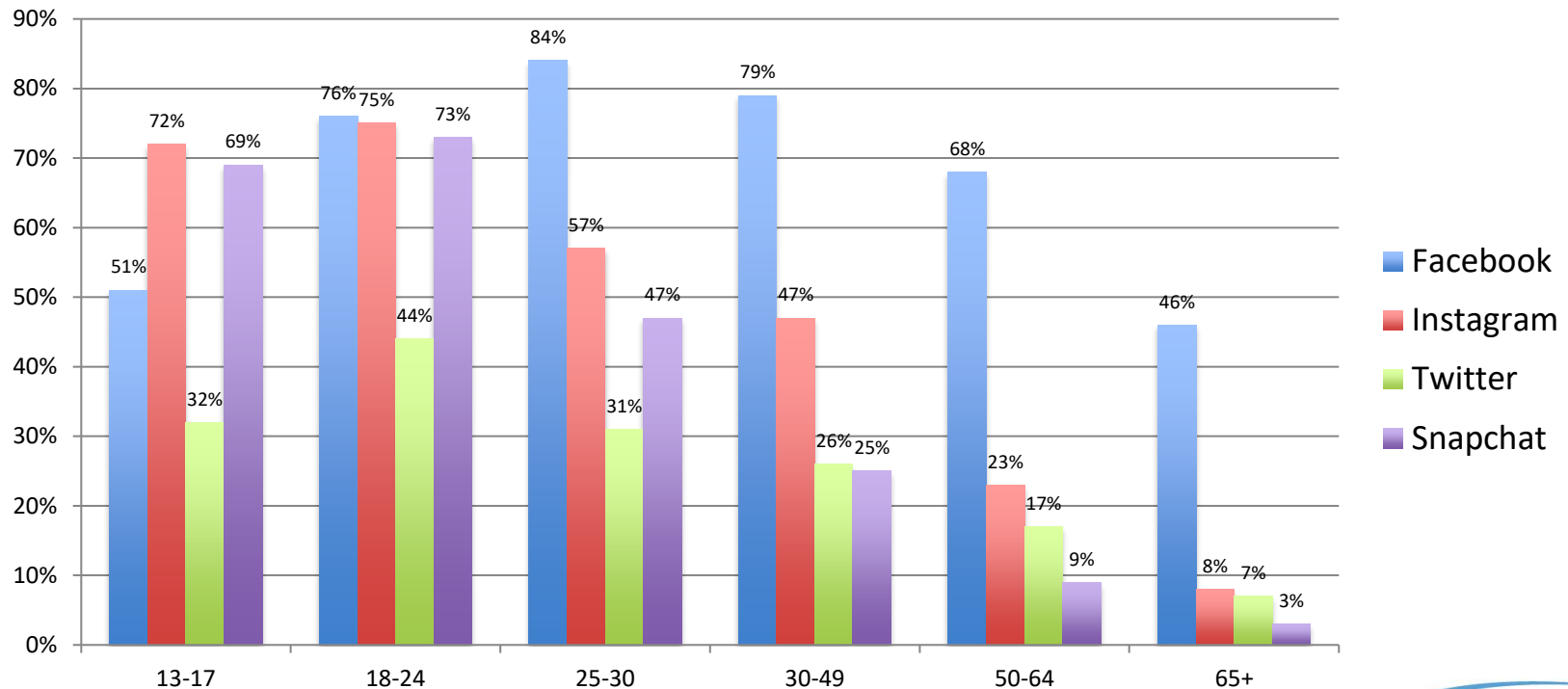
Availability of Crisis Services in the U.S.

- A review of NRI's 2015 and 2020 State Profiles Data show that:
 - Nearly 98% of SMHAs offer at least one of the crisis services recommended in the *National Guideline*. Of these,
 - 82% offer 24-hour crisis hotline services
 - 86% offer mobile crisis response
 - 90% offer crisis receiving and stabilization facilities (either less-than 24 hours, or more-than 24-hours)

Using Technology to Market the Availability of Crisis Services

- You can't get help in a crisis if you don't know the services exist.
- SMHAs are relying on social media to promote crisis service availability.
 - Example: Colorado's Crisis Services incorporates social media influencers as part of a larger marketing campaign to reach youth and young adults across the state

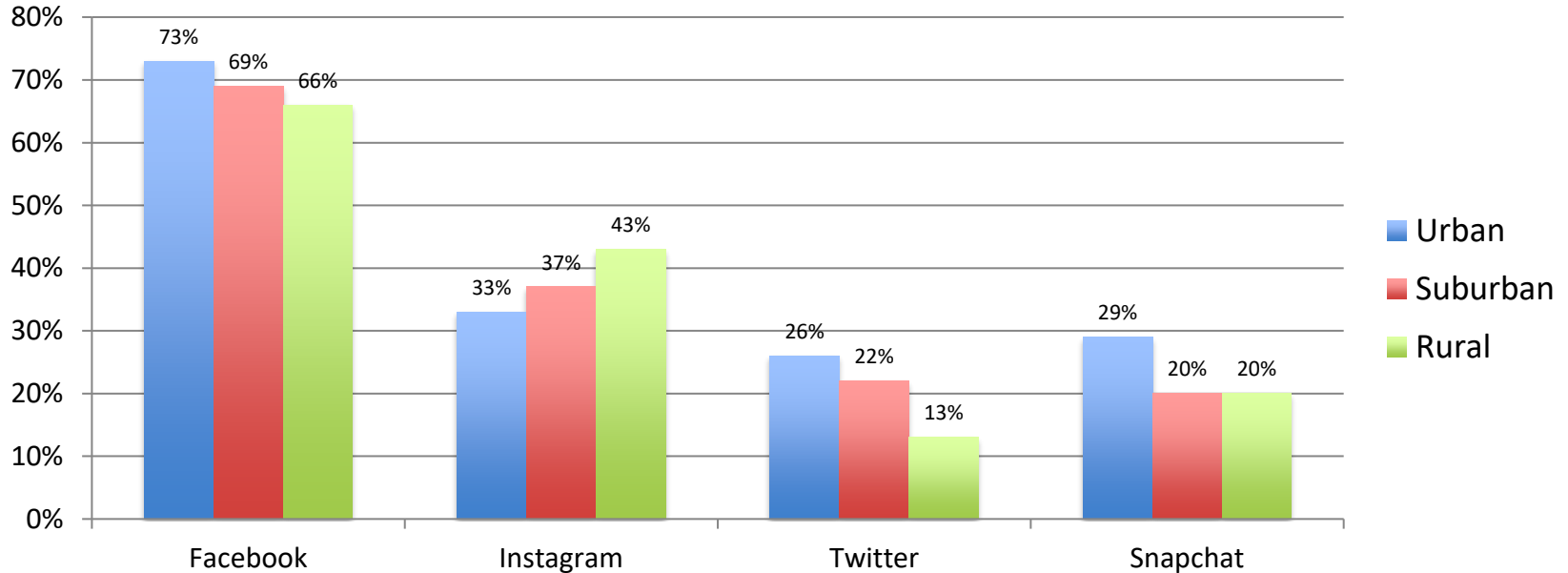
U.S. Social Media Platform Use by Age, 2019



Source: Chen, J. 5 May 2020. Social media demographics to inform your strategy in 2020.

<https://sproutsocial.com/insights/new-social-media-demographics/>

U.S. Social Media Platform Use by Geographic Location, 2019



Source: Chen, J. 5 May 2020. Social media demographics to inform your strategy in 2020.
<https://sproutsocial.com/insights/new-social-media-demographics/>

Best Practices for Crisis Hotlines and Text Lines

- SAMHSA's *National Guidelines* Best Practices for Crisis Lines:
 - Staffed by trained professionals to provide crisis intervention services and suicide risk assessments over the phone or through text.
 - Follow an “Air Traffic Control” model, which incorporates caller-ID technology, the use of GPS to efficiently coordinate care with mobile crisis teams, have access to a regional or statewide behavioral health bed registry to identify available and appropriate beds, and have the ability to schedule follow-up appointments to ensure ongoing care.
 - Offer text and chat services to increase accessibility of services.

Using Technology to Improve Crisis Hotlines

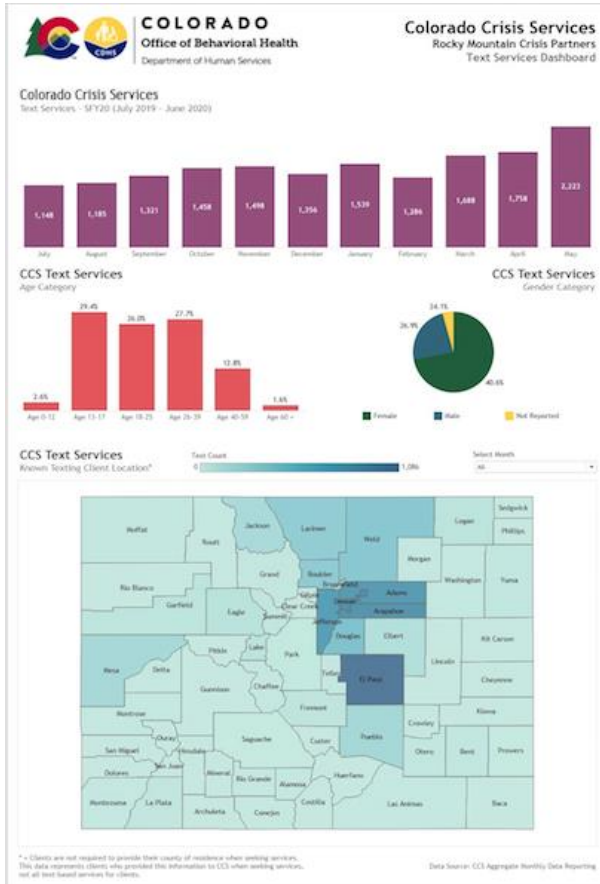
- Global Positioning System (GPS) and Psychiatric Bed Registries:
 - GPS allows crisis dispatch teams to quickly identify mobile crisis teams nearest to the caller to connect them to care more quickly.
 - When GPS technology is combined with a regional or statewide bed registry system, the dispatch team can identify available beds nearest to the person in crisis.
 - Example: Georgia Crisis and Access Line (GCAL) uses GPS to dispatch mobile crisis teams, and has access to the state's behavioral health bed registry to identify available crisis and detox beds. Proprietary software allows providers to connect with individuals with or without an internet connection.

Increasing Access to Crisis Services through Crisis Text Lines

- According to 2012 data from the Pew Internet Survey:
 - The most common methods of daily communication among teenagers are:
 - Texting – 63%
 - Call using cell phone – 39%
 - Face-to-face communication outside of school – 35%
 - Social media messaging – 29%
 - Instant messaging/chat platforms – 22%
 - Teenagers send an average of 100 texts per day; 63% indicated they text every day.

Source: Lenhart, A. 19 March 2012. Teens, smartphones, and texting. https://www.itsnews.com/wp-content/uploads/2012/03/PIP_Teens_Smartphones_and_Texting.pdf.

State and National Examples of Crisis Text Lines



reasons to call

NEW MEXICO
HEALTHCARE WORKER
AND FIRST RESPONDER
SUPPORT LINE
855-507-5509

- Feeling stressed, irritable, anxious, overwhelmed
- Experiencing sadness or depression
- Difficulty sleeping or sleeping too much
- Concerned about alcohol or drug use
- Having trouble expressing your emotions
- Just need someone to talk to about what you're going through
- Concerned for a friend, colleague, or family member
- Feel like you have no one else to talk to about the mental and emotional distress you're feeling

855-507-5509

Professional counselors are here to hear you
24/7/365 - always free and confidential

IN A CRISIS?

Text HOME to 741741 to connect with a Crisis Counselor

Free 24/7 support at your fingertips US and Canada: text 741741 UK: text 85258 | Ireland: text 50808

Text Us Or, message us on Facebook.

988: The Future of the National Suicide Prevention Hotline

- National Suicide Prevention Hotline originally established in 2005 through a SAMHSA grant.
- Connects callers in need to one of 170 crisis centers nationwide.
- Current number is 1-800-273-TALK
- In July 2020, the FCC voted unanimously to adopt a three digit code, 988, to increase the effectiveness of suicide prevention efforts.
 - Will go into effect in spring 2022, after an 18-month implementation period.
- Potential challenge: some parts of the country use 988 as part of their seven-digit dialing codes, which may cause initial confusion and additional transition issues.

Best Practices for Mobile Crisis Response

- Mobile Crisis Response Teams consist of mental health professionals who respond to behavioral health crises in the community at the request of first responders or dispatch from crisis call lines.
- SAMHSA's *National Guidelines* recommend that mobile crisis teams be available to reach any person in the service area of his or her home, workplace, or any other community-based location of the individual in crisis in a timely manner.
- GPS can help Mobile Crisis Teams respond more efficiently; however, “timely” is subjective based on the geography of a person’s location, and can mean two or more hours in rural and frontier areas.

State Examples of Using Technology to Improve Mobile Crisis Response

- Example: Charleston County, South Carolina equips law enforcement and emergency medical service (EMS) teams with tablets loaded with the VIDYO telehealth app to virtually connect to mobile crisis response teams, eliminating long wait times and reducing unnecessary ER visits by individuals experiencing a mental health crisis.
 - Since implementing the program, increase in calls from EMS to mobile crisis from 5 to 85 per month, and a 58% decrease in ER use for individuals in psychiatric emergencies.
- Example: Colorado's Office of Behavioral Health is considering deploying volunteer, trained citizens (often bachelor's level clinicians or peer specialists) in rural communities with tablets to virtually connect people to crisis in care.

State Examples of Using Technology to Improve Mobile Crisis Response, Cont'd...

- Example: South Carolina's SMHA contracts with 25 hospital EDs across the state to provide telepsychiatry services to individuals experiencing psychiatric emergencies. Services are available from 7:00 am to midnight, 365 days/year.
- Since its implementation, the program has served nearly 70,000 individuals. State data show that the individuals who participate in this program are twice as likely to attend follow-up appointments, and are half as likely to return to the ED or require psychiatric hospitalization when compared to those who receive traditional psychiatric crisis services through an ED.

Best Practices for Crisis Receiving and Stabilization Facilities

- Available to anyone, anywhere, anytime. No wrong door access, meaning they are available to serve everyone, regardless of referral source (e.g., individual, clinician, first responder), 24/7/365.
- Ability to assess, stabilize, and treat minor medical issues, and have a mechanism for transferring individuals with more severe needs to medical services.
- Deliver mental health and substance use crisis services, and screen for suicide risk.
- Offer a dedicated first-responder drop-off area.
- Operate a “living room model” with recliners that allow for greater capacity, and have the option (either within or with another partner) for more intensive beds.
- Participate in a real-time bed registry system.
- Coordinate connection to ongoing care.

Source: SAMHSA. 24 February 2020. National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit. <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

Using Technology to Improve Access to Crisis Receiving and Stabilization Facilities

- Coordinate with the state's behavioral health crisis hotline and use GPS technology to connect individuals to their nearest available crisis stabilization bed.
- Participate in a behavioral health bed registry, which is a “regularly updated web-based electronic database of available beds in behavioral health settings.”

Using Technology to Improve Access to Crisis

Receiving and Stabilization Facilities: Bed Registries

- Participate in a behavioral health bed registry, which is a “regularly updated web-based electronic database of available beds in behavioral health settings.” As of 2019, 19 states had active bed registries; others are in development.
- SAMHSA’s 2017 Technology Transfer Initiative (TTI) grant funded 23 states to establish new or enhance existing behavioral health bed registries.
- Three types of bed registries used by TTI states:
 - **Web-based search engines:** Identify site and information through search engine, contact facility through other means (e.g., phone, email, fax). Most common (15/23 TTI states).
 - **Referral systems:** Provide users with regularly updated information about bed availability; allow authorized users to submit HIPAA-compliant electronic referrals to a secure bed using pre-set forms and protocols. Least common (2/23 TTI states).
 - **Referral networks:** Provide users with regularly updated information on bed availability; support users to submit HIPAA-compliant electronic referrals to a secure bed; support referrals for behavioral health crisis and outpatient services to-and-from service providers who are members of the referral network. Moderately common (6/23 TTI states).

The Future of Technology in the Delivery of Behavioral Health Crisis Services

- Mobile and wearable devices (e.g. smartphones, tablets, activity trackers):
 - 81% of the U.S. population own smartphones.
 - Crisis service apps offer convenient way for individuals to immediately access care.
 - Apps offer an easy, discrete entry into mental health care.
 - Apps can help engage younger individuals into treatment.
 - Allow for objective data collection, and ultimately machine learning, including information about location, movement, and phone use, which can be analyzed to predict an individual's immediate need and overall demand. Potentially detect changes in behavior and mood *before* an individual experiences a crisis.

Considerations

- Broadband Access:
 - Especially limited in rural and frontier areas; however, also a challenge in economically depressed households for individuals in need of telehealth services.
- Financing:
 - The majority of crisis services are supported by state and local general revenue funds, which limits the ability of many states to expand their use of new technologies.
 - Medicaid is increasingly reimbursing for face-to-face visits; however, it is challenging to get Medicaid and private insurers to pay for the infrastructure to support and maintain the crisis continuum (e.g., crisis hotlines, text lines, etc.)
- Safety and Efficacy of Technological Applications:
 - Little regulation and oversight in app design, and the safety and effectiveness of these new technologies.
 - Opportunity for state and federal policy makers and advocates to ensure that behavioral health crisis apps are safe, effective, and culturally competent.
- Privacy Concerns:
 - Any technological intervention must adhere to the DHHS Privacy Rule, which “defines and governs the use and disclosure of protected health information (PHI).”
 - Technological interventions must also adhere to the Security Rule, which “sets the standards for securing patient data that are stored or transferred by electronic methods.
 - Apps must be approved by the DHHS Office of Civil Rights in order to receive Medicaid funding.

Thank you!

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