Crisis Services Systems – Urban & Rural Service Challenges & Opportunities

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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 1\textsuperscript{st} responder is law enforcement (LE)
- The Criminal Justice System is referred as the country’s de facto BH system

Est. 20,000 to 25,000 ED Visits Per Day
The State of Crises

Getting into Crisis Care
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 & Naivits, 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


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LOCUS (Level of Care Utilization System)

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

- Secure Rez/Inpt
- Non-secure Rez
- Med-Monitored Non-Rez
- Intensive Outpatient
- Low Intensity Outpatient
- Recovery Maintenance

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Core Community Crisis Flow
(EDs, Police, Mobile)

200 persons per 100,000 population per month

LOCUS 1
3%

LOCUS 2
2%

Outpt 3
6%

Mobile Crisis 4
22%

Sub-acute 5
54%

Inpt 6
14%

Call Hub

Temp OBS/TX
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Statewide Systems

2005 till now

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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).
A True BH Emergency Response System

1. Contact
2. Support
3. 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
A Cross Walk: Health vs. BH Crisis

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Medical System

BH Crisis System

Crisis Now Model

Call Center

911

Crisis Line or 911

Care

Traffic Control Hub

Community Service

Ambulance / Fire

Police

Mobile Crisis Team

Facility Option

Emergency Dept.

Emergency Dept.

Acute Crisis Observation & Stabilization Facility

Facility Response

Always Yes

Wait for Assessment

Always Yes

Escalation Option

Specialty Unit

Inpatient

When Available

Crisis Facility or Acute

Zero Rejections

Zero Hospital Visits First

3 to 5 Minute Turn Around

Zero Rejections

Zero Hospital Visits First

3 to 5 Minute Turn Around

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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

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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.

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
Creating a New Culture of Guest Engagement

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3m
Local, County, and State Crisis Lines

13m

24m
Annual Crisis Calls (US)

9-1-1
Call if you can
Text if you can’t
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Medical Emergency or Immediate Danger

911

Mental Health Crisis & Suicide Hotline

9888
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Core Challenges & System Alignment Issues

- 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
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Penetration Rate 2.4x Higher

RI International

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

12%
27%
Other Core Challenges

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

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