

New Models of Crisis Services: Incorporating the National 988 Hotline

Doug Thomas, LCSW

The Need for Better Crisis Care

People routed to Emergency Departments

- Emergency Departments are overwhelmed with increases in behavioral health needs
- Not ideal for responding to behavioral health needs
- 70% referred to inpatient psychiatric beds

Psychiatric Boarding

- People waiting for hours to days in ED's for an inpatient bed to open,
- Often with significant deterioration in symptoms and functioning



The Need for Better Crisis Care



Law Enforcement as front lines of mental health

- Approximately 1 in 10 law enforcement calls involved an individual with a serious mental illness/crisis
- Law Enforcement reports behavioral health calls take twice as long to resolve
- Law enforcement are not behavioral health professionals

Jails as fallback mental health facilities

- Lack of other options
- Less than robust services
- Potential incarceration of people with low to no public safety risk
- Faster turn around for law enforcement

VISION



Crisis Care Now.

Anyone. Anytime. Anywhere.

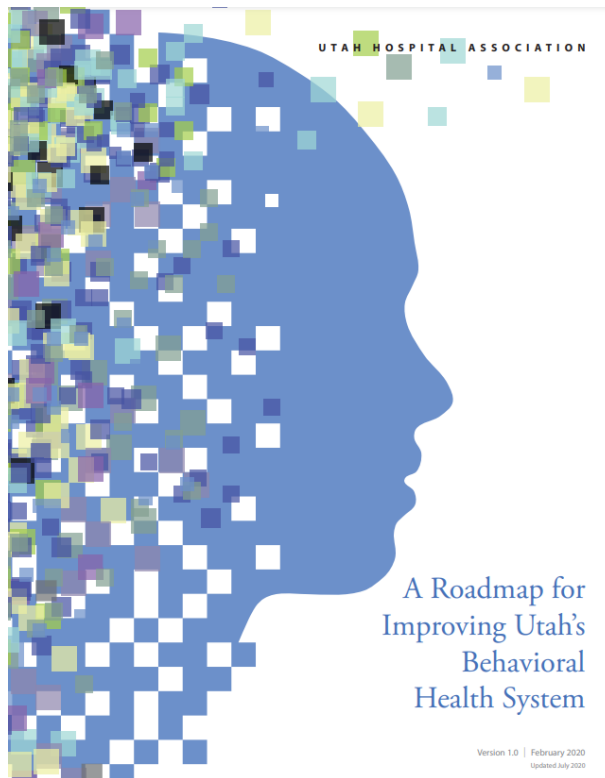
VISION

A Behavioral Health crisis system is more than a single crisis program, and it addresses more than suicidal crises.

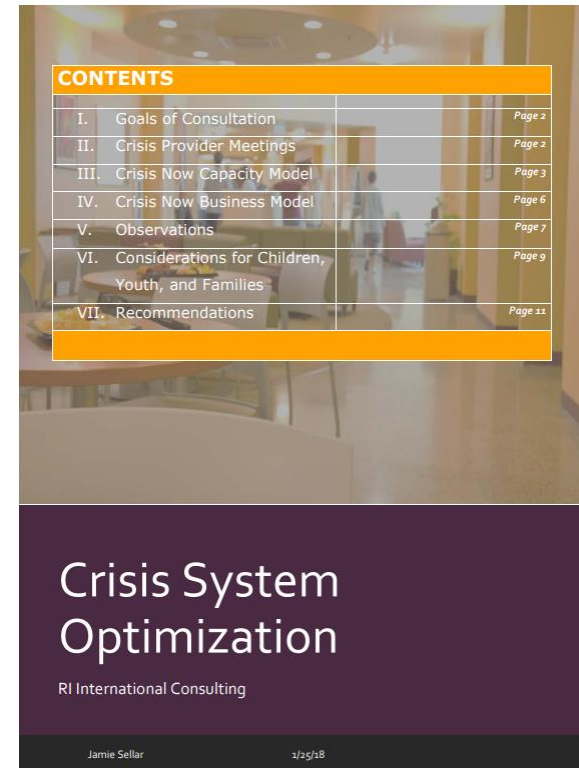
It is an organized set of structures, processes, and services that are in place to meet all types of urgent and emergent Behavioral Health crisis needs in a defined population or community, effectively and efficiently, regardless of diagnostic criteria, payor source or geographical location

Background

Utah Hospital Association



Utah Crisis Commission and Utah DSAMH



UNI launches SLCO crisis service and affiliates with NSPL	State and UNI launch SafeUT a crisis text app for youth	Utah Legislature passes a CR regarding a national crisis hotline	National Suicide Prevention Lifeline Improvement Act becomes law	State and UNI launch SafeUTNG and SafeUT Frontline	
2012	2015	2017	2018	2020	2022
Utah starts contributing funds for NSPL funds	Utah stakeholders begin discussion on 3 digit crisis line	DSAMH required to create state crisis line and standards	State funding to support crisis line (2.1 million)	Crisis text app for UT National Guard and family, first responders and healthcare workers	988, projected to go live in July

Utah's Powerhouse: The Behavioral Health Crisis Commission (BHCC)

Membership Includes:

- (3) from Utah Senate
- (3) Utah House of Representatives
- 911/Public Safety Answering Representation (PSAP)
- Emergency Medical Services (EMS)
- Mobile Wireless Service Provider Industry
- Rural telecommunications
- Voice over Internet and LandLine Providers
- Utah League of Cities and Towns
- Executive Director of the University Neuropsychiatric Institute
- Governor, or their designee
- Director of the Division of Substance Abuse and Mental Health
- Representative of the Office of the Attorney General, or their designee
- Member of the public
- (2) Behavioral Health Clinicians
- Licensed physician
- (2) Representative from Utah Association of Counties
- Utah Hospital Association
- Law enforcement
- Person with lived experience with the mental health disorder
- Representative of Integrated Health Care System who provides inpatient behavioral health services and emergency room services
- Accountable Care Organizations
- Medicaid

HB 32

Rural Mobile Crisis Outreach Teams

- Crisis response in community (homes, business, schools, etc...)
- Stabilize 75-80% of scenarios in the community
- Lower costs per outreach than crisis emergency visit

No-Refusal Crisis Receiving Centers

- Take all referrals from law enforcement and as crisis walk in
- Divert from long law enforcement engagements and costly emergency department visits
- Stabilize 75% of visitors within 23 hour timeframe

HB 32

Statewide Warmline

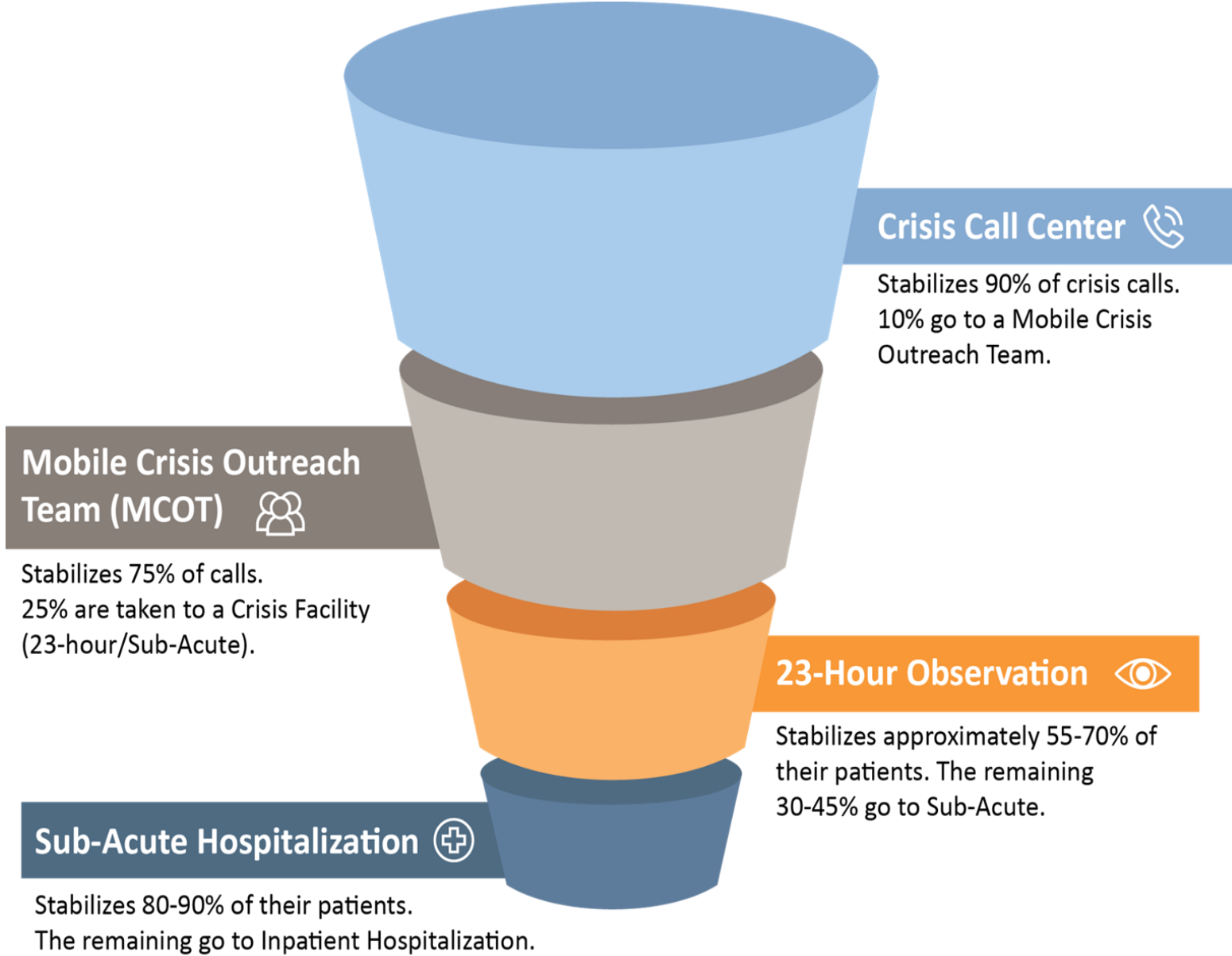
- Warmlines offer support, engagement, and encouragement
- Certified peer specialists offer support and empower callers to resolve problems by fostering a sense of hope, dignity, and self-respect.

Medicaid Waiver

- IMD waiver
- Inpatient care
- Medicaid funding/reimbursement
- Stays over 15 days
- Reporting requirements

Guiding Principles: Utah Behavioral Health Crisis System

- Utah Crisis Line and system is a state crisis line – not a University or county crisis line and is the state’s responsibility
- A crisis line may have severe limitations to the goal of our crisis system (*better care, hospital diversion, and law enforcement/jail diversion*) without a robust system of care that can be activated behind it



What 988 is doing for Utah's Crisis System:

SB155: Mental Health Crisis Assistance

- Creates General Fund that restricts crisis related monies to certain distribution channels
- Prompts legislative study by Legislatively Appointed Behavioral Health Crisis Commission exploring policies, procedures, needs and funding of crisis system
- Allocates an additional 15.9m in ongoing funding to crises

Goal of BHCC: Operationalizing 988

1. Engage stakeholders and audit infrastructure surplus and needs
 - a. Workforce
 - b. Technology
 - c. Resources
 - d. Peers/lived experience
 - e. Marginalized populations
2. Systemically develop sustainable funding systems and crisis resources to adequately support projections and implementation
 - Crisis Line
 - Mobile Crisis
 - Receiving Centers
 - Stabilization Services
3. Foster, develop, and maintain structured policies and develop workforce to adequately prepare for transition

Critical Quality Components

- Adequate Coverage: Calls are answered in a timely manner, in state, and by qualified crisis workers
- Standardized Response I: Acute Risk, both suicide and violence, assessment; critical support and de-escalation and sub-acute risk, so it doesn't rise to acute levels
- Standardized Response II: Coordinating connections, activating resources, facilitating transport and referrals

988 Implementation Grant

Vibrant 988 State Planning Grants



Vibrant investing private funds to enable **all 50 states and US territories** to develop plans for building and sustaining their 988 infrastructure by July 2022, when 988 is fully implemented nationwide. **Vibrant/Lifeline staff will provide TA to state planning grantees.**

Funding and period: **Feb through September 2021; \$125k-\$340k per state**, depending on number of Lifeline member centers in the state.

All states must include Lifeline member centers in early planning/consultation stages

States must address a number of core areas in their planning, such as:

- 24/7 coverage of service statewide;
- funding strategies, factoring in service volume projections;
- commitment to Lifeline operational, clinical and performance standards;
- Listings and linkages, interoperability with behavioral health, crisis and emergency systems
- engagement with coalition of key state stakeholders (public health, mental health and public safety)
- Follow-up services

Financing Models and Principles

Firehouse Model



Healthcare Model



Financing Implications

1115 Waiver Submission

CMS Rates:

- MCOT
- Receiving Center per diem
- Call Center (in progress)

Parity billing alliances:

- Per-diem availability for private insurers
 - Commitment from major insurers across the state to reimburse crisis services

Building A System for the Right Care in the Right Place: FY 21

Crisis Line Calls - Statewide

92,532

6,877 - 7.4%

MCOT* Outreaches
(Mobile Crisis Outreach Teams)

Disposition

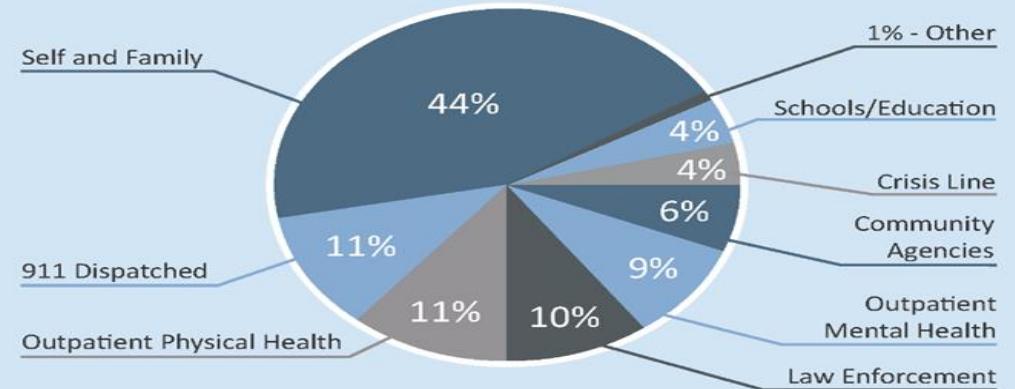
62%
Remained
in Place

11%
Other**

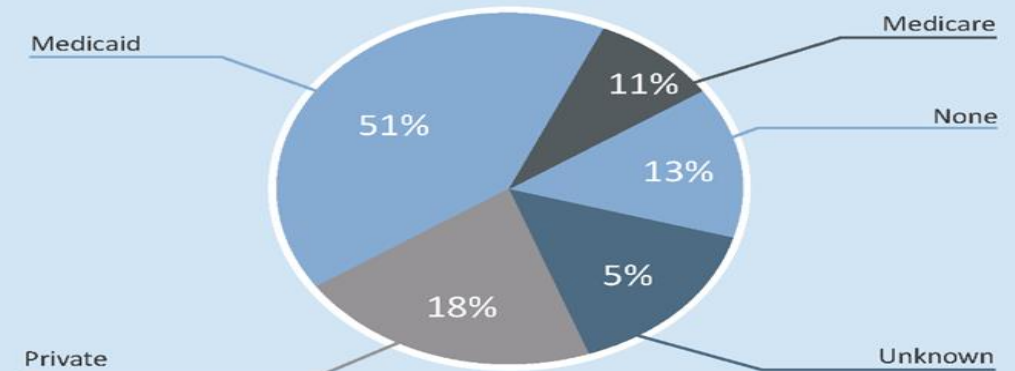
20%
Hospital or ED

7%
Receiving Center

MCOT Referral Sources



Insurance Types



* UNI, Davis Behavioral Health, Wasatch Behavioral Health, Weber Human Services

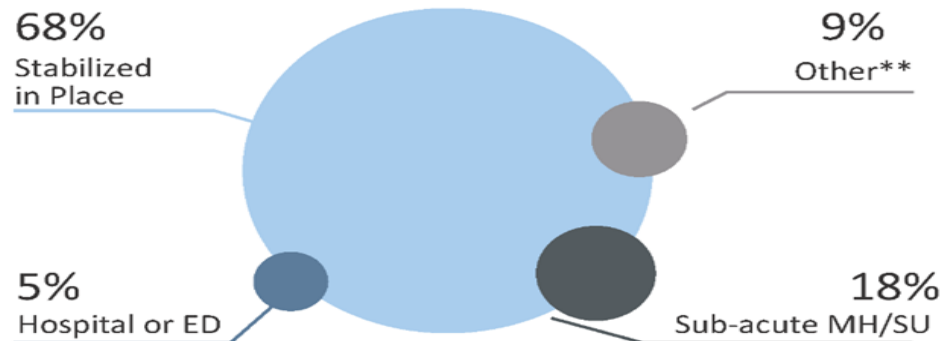
** includes incarceration, detox, residential and unknown

Building A System for the Right Care in the Right Place: FY 21

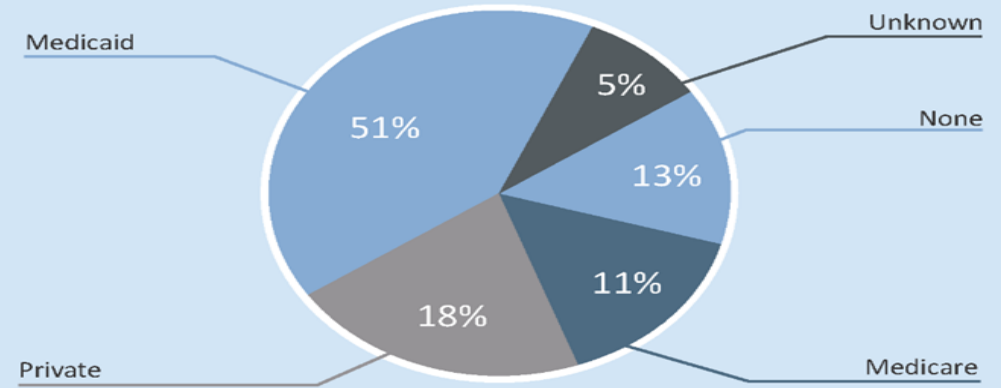
Receiving Center Admissions - Statewide

1,347

Disposition*



Insurance Types*



10.05.2020

Moving Upstream

Supporting active coordination and partnership with 911

- Expansion of relay to calls to Crisis Line
 - legislatively appointed workgroup setting intra-agency workflows between 911/988/211

Prioritizing Interoperable communication with emergency providers through *radio communication* and *telehealth*

- Law Enforcement
- EMS/Fire: Behavioral Health EMT development
- Dispatch
- MCOT Teams



Important Results and Outcomes Through Strategic Data Elements

- Number served (could be a measure of individuals served per chair daily)
- Percentage of referrals accepted
- Percentage of referrals from law enforcement (hospital and jail diversion)
- Law enforcement drop-off time
- Percentage of referrals from all first responders
- Average length of stay
- Percentage discharge to the community
- Percentage of involuntary commitment referrals converted to voluntary
- Percentage not referred to emergency department for medical care
- Readmission rate
- Percentage completing an outpatient follow-up visit after discharge
- Total cost of care for crisis per episode
- Guest service satisfaction
- Percentage of individuals reporting improvement in ability to manage future crisis

Maintaining Support

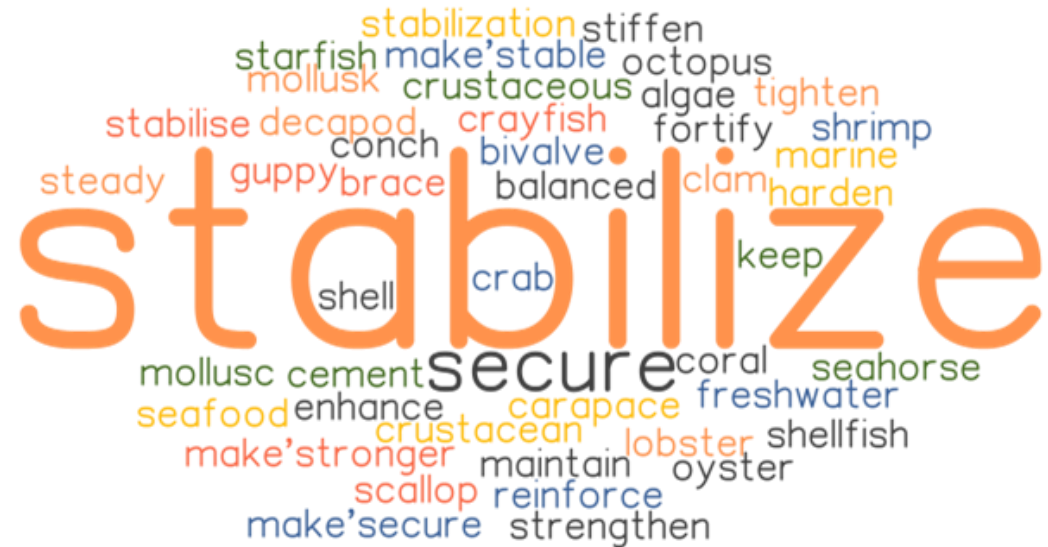
Caring Contacts: Verify Safety and Stability following crisis phone, MCOT, and Receiving Center contact. *Follow up support offered between 72hrs and 90 days*

Warm handoffs: Inching towards an Air Traffic Control Model. *Crisis lines and MCOT providers must report shared client outcomes.*

Stabilization and Mobile Response: Keeping Children and Families together in their homes. *8 weeks of intensive in-home/community intervention for children youth and families*

Statewide Warm Line: Always having someone supportive to talk to

SafeUT: Crisis Text/Chat services for youth and first responders/others. Tips and safety alerts



988 Funding Discussion Options

The Federal Legislation Authorizes States to levy fees to pay for the crisis line and associated response system needed to take the call and respond to the crisis. The Utah Behavioral Health Crisis Commission explored various opportunities:

Create a 988 restricted account with telecom fees collected

Create a 988 General Fund Appropriation

Allow either funding mechanism to accept Donations/contributions

RISKS

We can only scale the services to the level of funding

- State programs require sustainable funding with mechanisms for growth
- Inadequate funds threatens quality measures aligned and the lives of the callers in crisis
- We don't know how slowly or quickly growth will happen with 988 and will require some level of nimble response
- We can only scale the services to the level of funding

Doug Thomas, Director

Department of Human Services,
Division of Substance Abuse & Mental Health
dothomas@utah.gov