Crisis Now Academy

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MHSOAC
Mental Health Services
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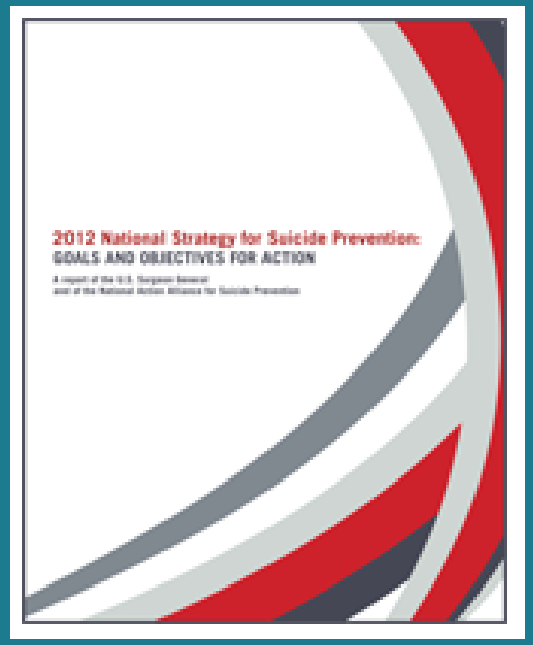
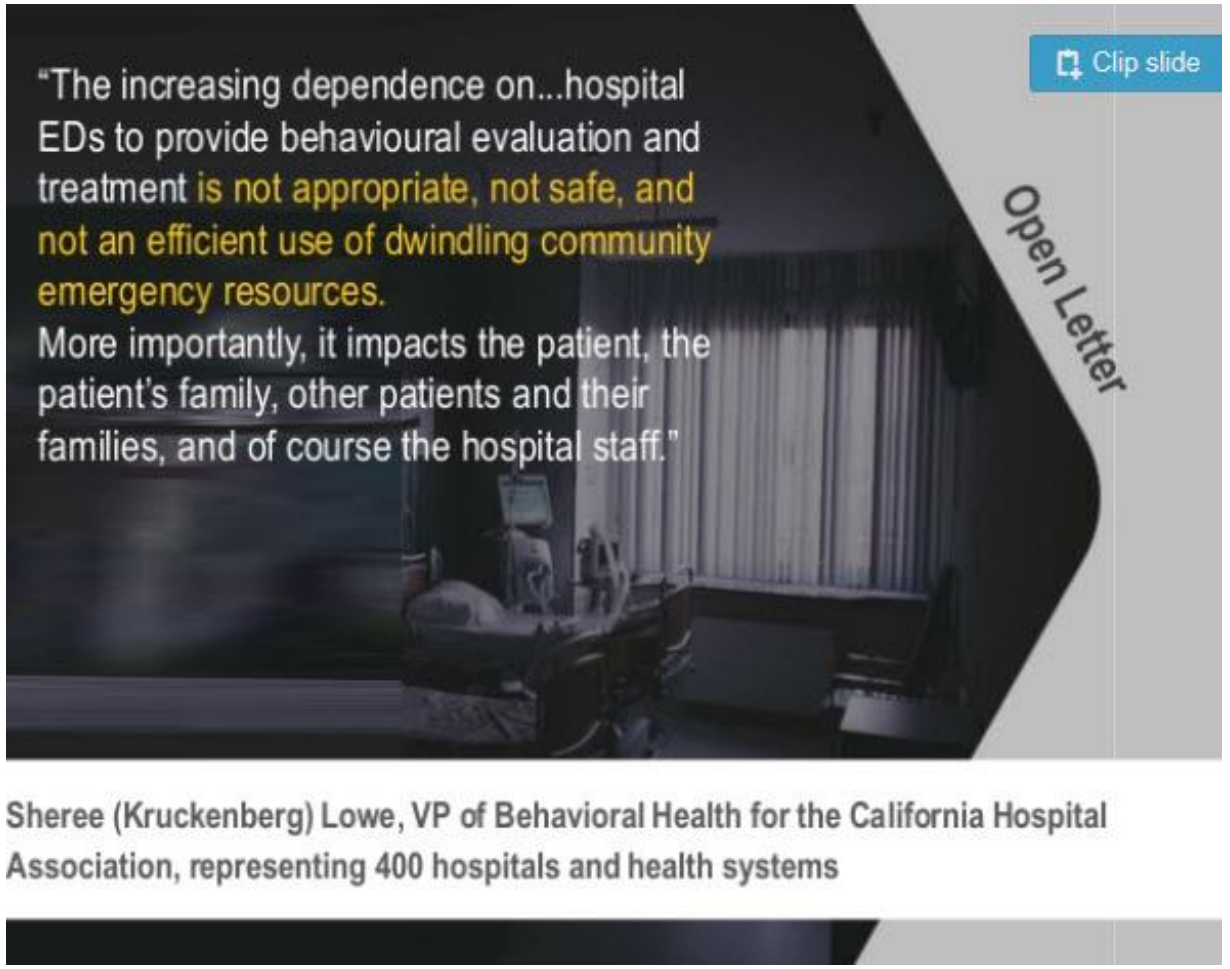
The Crisis is Now

- Increasing Suicide Rates
- Increasing Overdose Rates





Parity – The Crisis Flow

- Chest Pain
  - 911
  - Ambulance
  - Emergency Department
  - Medical Floor
- Suicidal Thoughts
  - 911
  - Police Officer
  - Emergency Department / Jail
  - Inpatient Psychiatric Hospital

Crisis Now

- National Action Alliance for Suicide Prevention (2016)
- David Covington / Mike Hogan PhD.
- 35+ National Leaders
- Focus was on the BEST current Practices in the US

Crisis Now Overview

Within Our Reach

Crisis Now: Transforming Services is Within Our Reach

- Effective crisis care must be comprehensive. It must include core elements and practices:
- "Air Traffic Control capable central coordination, using technology for real time care coordination while providing high touch support meeting NSPL standards;
- Availability of Mobile Crisis Services, deployed centrally on a 24/7 basis,
- Facility based crisis stabilization programs, and
- Conformance with essential crisis care principles and practices.

Crisis Now Elements

FOUR CORE ELEMENTS FOR TRANSFORMING CRISIS SERVICES

HIGH-TECH CRISIS CALL CENTERS

These programs use technology for real-time coordination across a system of care and leverage big data for performance improvement and accountability across systems. At the same time, they provide high-touch support to individuals and families in crisis.

24/7 MOBILE CRISIS

Mobile crisis offers outreach and support where people in crisis are. Programs should include contractually required response times and medical backup.

CRISIS STABILIZATION PROGRAMS

These programs offer short-term "sub-acute" care for individuals who need support and observation, but not ED holds or medical inpatient stay, at lower costs and without the overhead of hospital-based acute care.

ESSENTIAL PRINCIPLES & PRACTICES

These must include a recovery orientation, trauma-informed care, significant use of peer staff, a commitment to Zero Suicide/Suicide Safer Care, strong commitments to safety for consumers and staff, and collaboration with law enforcement.

Endorsed By

CRISIS NOW ACADEMY

Crisis Now Academy

- History of an Idea
- An Alternative to Consulting
- Driven by the Cohorts
- An opportunity to Learn Together

Goal

- By sharing the course modules, participants will more deeply explore well-founded and provocative Crisis Now related topics, forge relationships with one another, and develop productive learning habits, including making thoughtful connections among courses. Active participants will gain the knowledge and skills necessary to transform their current crisis systems.

Cohorts

- Cohort One
- Nevada
- Plumas
- Butte
- Shasta
- City of Berkley

- Cohort Two
- Yolo
- Placer
- Solano
- Mono
- Inyo

Components

- 17 Sessions
- 13 Educational
- 4 Reporting
- Weekly Individual Consultation for all Counties
- Community Stakeholder Engagement Support as Requested

Tools

- RI Created Crisis Now tools
  - Strategic Planning Tools
  - Capacity Modeling Tools
  - Crisis Now Element Fidelity Tools
- Crisis Now White Paper
- SAMSHA National Guidelines
- Daily #Crisistalk articles
- NASMHPD Rural/Frontier Guidelines
- MCOT/Call Center Escalation Guidelines (BHL)
- Crisis Facility “Medical Protocols”

- Asset Mapping Template
- Actual Crisis Now Consulting Report – Alaska – Template

Faculty

- David Covington – CEO, RI International
- Tom Betlach – Partner, Spiere Consulting
- Sue Ann O'Brien – CEO, Behavioral Health Link
- Erica Chestnut-Ramirez – Vice President, La Frontera / EMPACT
- Chris Damle – State Director of Crisis, RI International
- Chuck Browning MD – CMO, RI International
- Debbie Atkins – Director of Crisis, Georgia DBHDD
- Ron Bruno – Executive Director, CIT International
- Wayne Lindstrom PhD – VP West Coast Operations, RI International
- Lisa St. George - Vice President of Peer Support and Empowerment, RI International
- Jamie Sellar – Chief Strategy Officer, RI International
- Paul Galdys – Deputy CEO, RI International
- Ebony Chambers, Chief Family and Youth Partnership Officer, Stanford Sierra Youth & Families

Session 1 – Crisis Now Introduction

- Facilitator: David Covington
- Focus: Overview of the Model
  - History
  - Components
    - Fidelity Modeling
  - National Impact
    - SAMSHA's National Guidelines (Feb 2020)
  - Challenges
  - Future
- Homework: Crisis Now White Paper

Session 2 – Funding Approaches

- Facilitator: Tom Betlach
- Focus: Sustainability / Medicaid
  - History in Maricopa County
  - Triple Aim Concepts
  - Business Case
  - Emerging Markets
  - Structure & Business Requirements
  - Integration of Complex Populations
  - Leveraging Medicaid
  - RFP creation
  - Value Based Funding Strategies
- Homework: Asset Mapping- Beginning

Session 3 – Call Center Hubs (Air traffic control)

- Facilitator: Sue Ann O'Brien
- Focus: Crisis Now Call Center Practices / Fidelity
  - Role within Crisis Now Model
  - Benchmarks
  - Relationship to MCOT
  - Technology Requirements
  - Staffing Requirements
  - Billing Considerations
  - Fidelity Model
- Homework: Survey Current *Call Center Using Crisis Now Call Center Fidelity Tool*

Session 4 – Mobile Crisis Outreach Teams

- Facilitator: Erica Chestnut-Ramirez / Jamie Sellar
- Focus: Crisis Now Mobile Crisis Outreach Team Practices / Fidelity
  - Role within Crisis Now Model
  - Benchmarks
  - Relationship to Call Center, Facilities, and Law Enforcement
  - Technology Requirements
  - Staffing Requirements
  - Licensure / Billing
  - Fidelity Model
- Homework: Survey Current *MCOT Services Using Crisis Now MCOT Fidelity Tool*

Session 5 – Facility Based Crisis Services

- Facilitator: Chris Damle / Matthew Holtsclaw RN / Chuck Browning MD
- Focus: Crisis Now Facility Based Services/ Fidelity
  - Role within Crisis Now Model
    - What it means to be a “No Wrong Door”
  - Benchmarks
  - Relationship to MCOT, Law Enforcement, and Emergency Departments
  - Staffing Requirements / Modeling
  - Licensure / Billing
  - Fidelity Model
- Homework: Survey Current Facility Based Services Using Crisis Now Facility Based Fidelity Tool

Session 6 – Capacity Modeling

- Facilitator: Paul Galdys / Jamie Sellar
- Focus: RI International's Advanced Capacity Calculator
  - Review of the fourth element in Crisis Now
  - Benchmarks
  - Risk Assessment
  - SUD Integration
  - Role of Peers
  - Aggression Management
  - Facility Design Elements
- Homework: Crisis Now Capacity Modeling using Advanced Algorithm

Crisis System Needs Analysis		
	Baseline	Evolved
# of Crisis Episodes Annually *(200/100,000 Monthly)*	**7,344**	**7,344**
"Needed" Acute Beds for Population	*157*	*44*
Number of Acute Hospital Bed Days Needed Per Year	*57,409*	*16,089*
ALOS	*9*	*9*
Acute Inpatient Readmission Rate	*15%*	*15%*
Acute Bed Occupancy Rate	90%	90%
% Initially Served by Acute Inpatient	68%	14%
Number Initially Served by Acute Inpatient	4,992	1,008
Number Referred to Acute Inpatient From Crisis Facility	-	391
Number of Acute Inpatient Beds Needed	**157**	**44**
Cost Per Acute Inpatient Bed Per Day	$ 800	$ 800
Total Cost of Acute Inpatient Beds	**$ 45,926,816**	**$ 12,871,474**
Total Number of Episodes in Acute Inpatient	4,992	1,399
Diversion Rate of Crisis Facility (From Acute)	75%	75%
ALOS of Crisis Subacute Bed	3.0	3.0
Crisis Facility Readmission Rate	*15%*	*15%*
Difference Between Crisis and Acute Readmission Rates	0%	0%
% Initially Served by Crisis Subacute Bed	0%	0%
Number Initially Served by Crisis Subacute Bed	-	-
Number Referred to Crisis Subacute Bed by Obs Chair	-	1,563
Crisis Subacute Bed Occupancy Rate	90%	90%
Number of Crisis Subacute Beds Needed	**-**	**14**
Avg. Cost Per Crisis Subacute Bed Per Day	$ 700	$ 700
Total Cost of Crisis Facility Beds / Chairs	**$ -**	**$ 3,647,249**
Rate of Escalation to Subacute Bed	35%	35%
ALOS in Observation Chair	0.8	0.8
% Initially Served by Crisis Obs Facility	0%	54%
Number Initially Served by Crisis Facility	-	3,984
Number Referred to Crisis Facility by Mobile Team	-	482
Crisis Bed Occupancy Rate	70%	70%
Number of Crisis Observation Chairs Needed	**-**	**14**
Avg. Cost Per Crisis Bed / Chair Per Day	$ 750	$ 750
Total Cost of Crisis Facility Beds / Chairs	**$ -**	**$ 3,828,017**
Total Number of Episodes in Crisis Facility	-	4,466
Diversion Rate of Mobile Team (From Crisis Facility)	70%	70%
% Served by Mobile Team	0%	32%
Number Served Per Mobile Team Daily	4	4
Number of Mobile Teams Needed	**-**	**2**
Cost Per Mobile Team	$ 400,000	$ 400,000
Total Cost of Mobile Teams	**$ -**	**$ 616,602**
Total Number of Episodes with Mobile Team	-	1,608
TOTAL Unique Number of Individuals Served	**4,992**	**6,600**
TOTAL Unique Number of MT / Crisis / Acute Episo	**4,992**	**7,473**
TOTAL Inpatient and Crisis Cost	**$ 45,926,816**	**$ 20,963,341**
Change in Cost	**0%**	**-54%**
ED Costs (35% of Initial Acute with ED Estimate)	**$ 3,955,697**	**$ 1,141,392**
TOTAL Cost	**$ 49,882,513**	**$ 22,104,733**
TOTAL Change in Cost	**$ (27,777,780)**	**-56%**
NOTES	**Crisis Savings**	**$ 24,963,475**
	Total Savings	**$ 27,777,780**

Session 7 – Implementation / Strategic Planning

- Facilitator: Jamie Sellar
- Focus: Review of Components of a Strategic Plan
  - Review of RI Strategic Planning tools
  - Elements of a Successful Strategic Plan
  - Review of Successful Recommendations of Other Communities
    - Rural / Urban / Frontier
- Homework: Strategic Planning

Session 8 – Stakeholder Relationship Building

- Facilitator: Wayne Lindstrom
- Focus: Models of Stakeholder Engagement
  - Types of Engagement Models (pros/cons)
  - Identification of Priorities for Stakeholder Type
  - Overcoming Resistance
  - Identifying Partnership Opportunities
  - Building Excitement
  - Creation of a New Culture
  - Additional Training Opportunities (RI involvement / Included)
- Homework: Stakeholder Engagement Planning

Session 9 – Key Performance Indicators

- Facilitator: Debbie Atkins
- Focus: Metrics of Success
  - The role of KPI in program evaluation
  - Identification of KPI in community
  - Stakeholder / Provider buy-in
  - Reimbursement Strategies
  - Technology Requirements
- Homework: Creation of KPI for Strategic Plan

Session 10 Evidenced Based Practices

- Facilitator: Charles Browning MD
- Focus: The Intersection of Crisis Work with EBPs
  - Review of the fourth element in Crisis Now
  - Benchmarks
  - Risk Assessment
  - SUD Integration
  - Role of Peers
  - Aggression Management
  - Facility Design Elements
- Homework: SAMSHA National Guidelines for Mental Health Crisis Care: A Best Practices Toolkit.

Session 11 Law Enforcement Collaboration

- Facilitator: Ron Bruno
- Focus: Building the Law Enforcement Relationship
  - The role of LEO in Crisis Now
  - The needs of LEO in the field
  - Overview of thoughts around co-response models
  - Building relationships at the Senior Level
  - Building relationships at Street Level
  - Role of CIT
- Homework: Law Enforcement Engagement Planning

Session 12 - Workforce Development

- Facilitator: Lisa St. George / Signa Oliver
- Focus: Recruitment / Retention of Professional and Paraprofessional Roles
  - Gap Analysis Strategies
  - Recruitment
  - Retention
  - County Sponsored Training
  - Salary Survey Overviews
- Homework: Focus on Final Strategic Plan

Session 13 - Equity

- Facilitator: Ebony Chambers
- Focus: Curriculum Still in Development / Date may change
- Homework: Finalization of Strategic Plan

Reporting Out Sessions

- Four Sessions
  - Capacity Model
  - Gap Analysis
  - Stakeholder / Law Engagement Strategies
  - Strategic Plan
    - Recommendations

Timelines

- Wednesdays (2 per month)
- 9 Months (Academy)
- 10 Months to final report

What Have We Learned

- Each county has the ability to commit differently
  - Staffing Changes
  - COVID-19
- Significant Differences in Rural and Urban Counties needs
  - Added a Specific Learning Session to Review NASMPHD Rural and Frontier Guidelines
- Each County has a different goal for the Academy
- A Regionalized Approach is Possible
- Translation of Brand New Ideas is Possible (988)

What would I do differently

- I'd place the session on equity second in our series
- I'd include a urban/rural/frontier educational program from the beginning
- I'd work to get commitment at the highest levels of the county to support students
- I would look to create a one or two day "Immersion" in Phoenix as a kick off. I believe this could abbreviate the overall program

Some of the Success

- Meetings with Legislature
- Meetings with Institutes
- Opportunity for the creation of a Regionalized Call Center
- Stake Holder Engagement (particularly in Law Enforcement and Justice)
- Well informed Counties on leading edge initiatives (Funding, 988).

Questions

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Hear from a Student

- Curtis Budge – Client Services Program Manager - Placer County
- Karen Larsen - LMFT, Director - Yolo County, Health & Human Services Agency

Thank you