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DEPARTMENT OF HUMAN SERVICES

Office of Mental Health and Substance Abuse Services

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Crisis Intervention: Re-Examination of Fundamentals & Best Practices in the Real World

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OMHSAS Goals and Priorities

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- To enhance our recovery-oriented system of care through an addendum to the call for change
- To enhance our children's service system for all behavioral health services regardless of entry point or funding stream
- To develop a trauma-informed system of care
- To address the increased rates of death by suicide in Pennsylvania through the Governor's Suicide Prevention Task Force
- To become tobacco free within our community behavioral health system in Pennsylvania
- To strengthen the behavioral health HealthChoices program by evolving to a system of care that supports whole person care
- To develop an outcomes based behavioral health system focused on quality and fiscal management for all services and funding streams
- To expand substance use disorder services for children and youth

National Examples of Crisis Services Models

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- Dix Crisis Intervention Center (Jacksonville, NC)
  - A new 16 bed state of the art rapid response center that serves individuals in psychiatric distress. Services are founded on the Crisis Now model which is nationally recognized as a best practice for a community in supporting those in crisis. Right targeted care is offered at the right times and diverts individuals away from unnecessary visits to Emergency Departments.

- Bridge Center for Hope (Baton Rouge, LA)
  - A crisis receiving and stabilization center utilizing short term crisis beds, detox services, sobering beds, respite care and mobile crisis teams. The strategy: develop a safety net to catch people in crisis, keeping them out of emergency rooms and offering treatment at each point in the judiciary process. The Bridge Center started a pre-trial release program to show that treatment would reduce the jail population and save money. In less than a year, more than 25 people have been diverted to treatment, with about half of them in either therapy or returned to productive lives.

- Consideration brought forward at a congressional briefing panel in DC on “988: How a 3-Digit Suicide Prevention Hotline Can Transform Access to Mental Health Care”
  - A readily accessible, easy to remember national mental health crisis line.
  - To be effective, such a hotline requires supports for mental health mobile and facility services be comparable to supports for 9-1-1 medical emergencies


CRISIS NOW
Transforming Crisis Services

"8 in 10 ED doctors say mental health system is not working for patients."

- Survey by the American College of Emergency Physicians (ACEP) of 32,000 physicians, residents and medical students working in hospital emergency departments.

Crisis Now Outcomes

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- In the four million person community of Maricopa County (Phoenix, Arizona) the continuum of crisis services has had the following outcomes compared with a community without them:
  - Police engage in public safety not transportation and security
  - Dramatically reduced psychiatric boarding – like wait times in ERs
  - Reduction of Inpatient Acute Care Costs
  - Cost avoidance provided millions of dollars to build continuum of community crisis services.

- In 2016, 21,943 individuals with mental health and addiction challenges were handed off from Phoenix area police departments directly to crisis

crisisnow.com

"The time is now to transform our approach to crisis mental health care. Together, we can, and must, do this."

Crisis Now Model

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Core services in a crisis continuum:

- Law Enforcement Bypasses Emergency Rooms and directly proceeds to Crisis Services
- Under 10 minute turnaround by police drop-off. No Call – No Reject – No Referral
- Crisis Call Center Hub – timely access and data

"***Good crisis care prevents suicide and provides help for those in distress. It cuts the cost of care, reduces the need for psychiatric acute care, hospital ED visits and police overuse.***"

National Suicide Prevention Lifeline

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- OMHSAS was awarded a $1.3M grant to increase access to the National Suicide Prevention Lifeline by expanding state-based call centers.
- OMHSAS is partnering with Center for Community Resources, Family Services Association of Bucks County and New Perspectives Crisis Services.
- This will ensure at least 70% of calls are answered in PA, with the ultimate goal of 90% within 2 years.
- Regional call center capacity expansion efforts at the three call center partners and non-grant related existing work by our other PA based Lifeline member call centers ensures 24/7 call coverage for Lifeline calls is in place for all counties by September 30, 2020.
- Currently, we are working with each partner to determine how they will communicate information received via Lifeline calls to local crisis centers.

National Suicide Prevention Lifeline

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- At this stage, the local hotlines will be doing exactly what they have always been doing. Their local numbers will continue to ring as they have in the past. People from within their county who call the Lifeline have not had those calls answered by their services before (with the exception of the 10 Lifeline members already in the state). Those calls will now be answered in PA but by the three regional call centers funded in the grant.

- Moving forward, we are suggesting that other call centers in the state that are approved/certified/accredited by OMHSAS may be asked to answer Lifeline calls during their normal business hours. Becoming members of the Lifeline is a process that could take up to one year, so this will not happen overnight.

- The Lifeline offers some start up grant funds to improve technology (if needed) and provide additional training for staff (if needed).

Demographics

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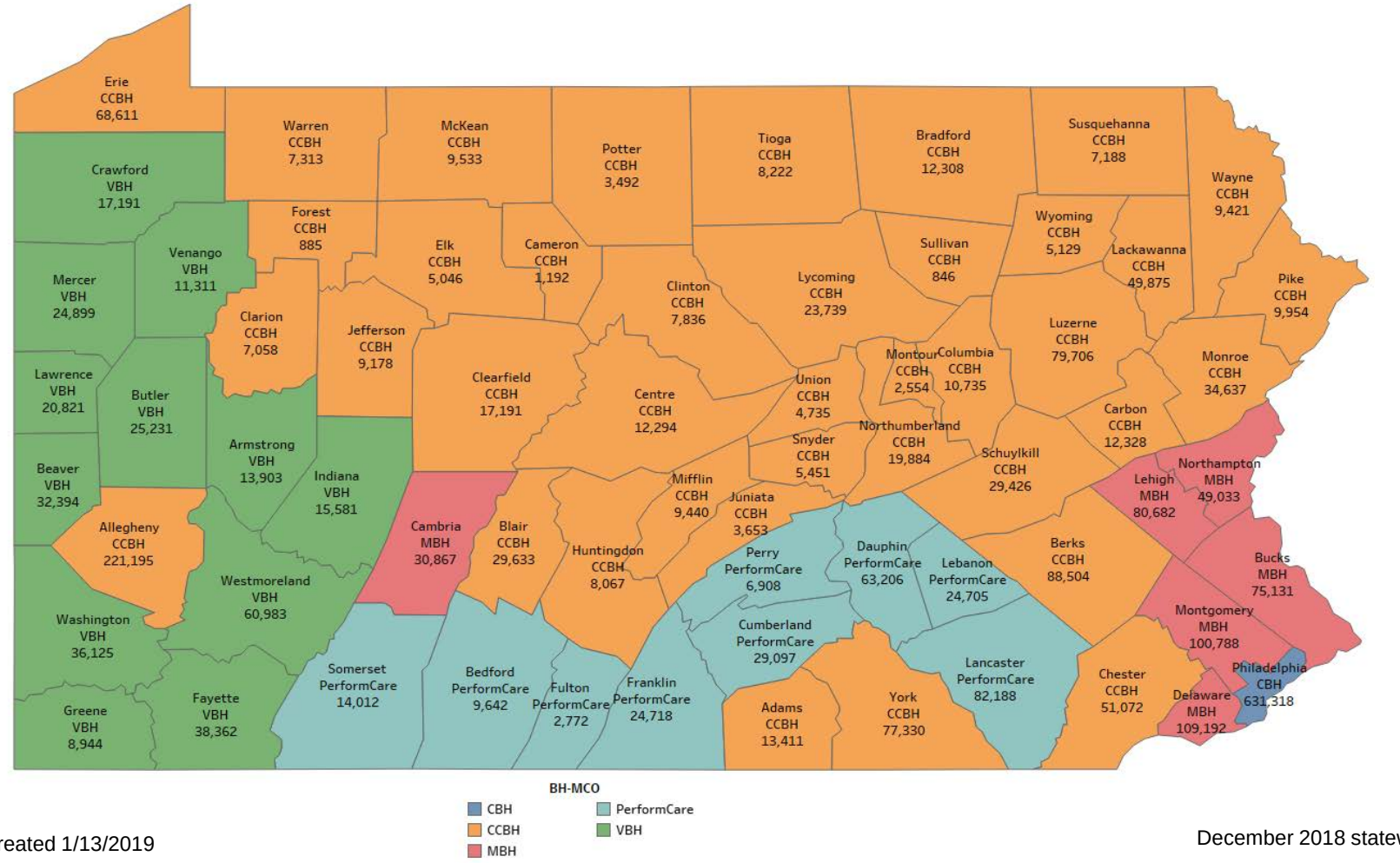
HealthChoices Behavioral Health Eligibles by Managed Care Organization for December 2018



source: ARM587 Report created 1/13/2019

December 2018 statewide total = 2,618,076 covered lives

Demographics

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2018 Pennsylvania State Summary Data

- **Total Clients Served: 565,437**
  - Clients Served in Community Settings: 555,836
  - Clients Served in State Hospitals: 1,751

- **Gender**
  - Female: 51.8%
  - Male: 48.2%

- **Age**
  - 0-12: 19.2%
  - 13-17: 11.8%
  - 18-20: 4.4%
  - 21-24: 5.5%
  - 25-44: 30.6%
  - 45-64: 23.8%
  - 65-74: 2.8%
  - 75 and over: 1.8%

https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/Pennsylvania-2018.pdf

Trauma Informed Care

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- Overall Goal – Trauma-Informed State/System
- Current Project-Trauma Informed 3800 programs
  - Current TIC in PA
  - Organizational Models
  - Direct Care Staff
  - Trainer of Trainer Models
  - Clear guidelines/criteria/training to demonstrate TIC
- Treatment Models

PA Innovation for Crisis Services

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- Carbon, Monroe and Pike Counties are partnering with the provider New Perspectives in utilizing Crisis Intervention Team police officers equipped with iPads (or tablets) to connect in real time with qualified Mental Health Professionals.
- The CMSU Peer Run Crisis Residential program is a new innovative promising practice.
- Northampton County has the peer respite program - Reflections Whole Life Recovery Community in Hellertown
- Montgomery County is creating an Opioid Diversion Center that will target adults who are opioid overdose survivors.
- Bucks County focusing on specialized MH/ID services.

Value Based Purchasing

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- **Value Based Purchasing (VBP)** — Strategies that align with improved quality and efficiency of care by rewarding providers for their measured performance across the dimensions of quality. At the same time, there is an expectation the cost curve moves toward cost savings.

- Value Based Purchasing is the department's initiative to transition providers from volume to value payment models for the delivery of behavioral health services. The Department has encouraged initiatives that include value-based payment arrangements and shared risk. Value based programs and payment models are critical for improving quality of care, efficiency of services and reducing costs.

- Year 3 of 3-year program begins Jan 1, 2020 – 20% total medical spend must be in VBP payment strategy, of which 50% must be in a medium or high-risk strategy.

Value Based Purchasing

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- Standardized VBP models can have a range of standardization across provider eligibility requirements, payment methodologies, interventions and care management requirements, and quality measures such as:
  - Target population/services
  - Quality performance measurement and alignment
  - Cost/efficiency benchmarking
  - Financial incentives
  - Risk adjustment

- OMHSAS has established a steering committee comprised of stakeholders from the PCs, BH-MCOs, consumer representatives and statewide provider organization representatives. This committee will guide the development of a strategic plan for moving toward standardization and inclusion of departmental goals of the incorporation of social determinants of health and improving BH/PH integration.

QUESTIONS?