Project 3.a.ii: Behavioral Health Community Crisis Stabilization Services

Domain 3: Clinical Improvement Projects

Problem Statement:
FLPPS has a higher than NYS average prevalence of mental illness and substance use disorders in this region, accounting for half of our ED treat and release visits. We also have a suicide rate that is trending upward, with counties that are significantly below the NYS average for adherence to anti-psychotic medication and antidepressant use. Routine emergency departments and community behavioral health providers are often unable to readily find resources for the acutely psychotic or otherwise unstable behavioral health patient.

Summary Statement:
This project entails providing readily accessible behavioral health crisis services that will allow access to appropriate level of service and providers. The Behavioral Health Crisis Stabilization Service provide a single source of specialty expert care management for these complex patients, offering observation monitoring in a safe location and ready access to inpatient psychiatric stabilization. A mobile crisis team extension of this service will assist with moving patients safely to health services and support community follow-up after stabilization. These services can better ensure continued wellness with support and empowerment for patients and their families through the recovery process.

Objective:
To provide readily accessible behavioral health crisis services in the community that will allow access to appropriate levels of service and providers, supporting a rapid de-escalation of the crisis and preventing the need for emergency and inpatient services.

Core Components and Deliverables
- An evidence-based crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services to include access to 48 hour observation units/crisis residences for stabilization and monitoring.
- The program will have clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.
- There will be a central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers to assure coordination, collaboration, ready access and continuity of care.
- EHRs or other technical platforms will be used in the treatment and tracking of all patients engaged in this project.
- Includes at least 1 hospital with Psychiatric and crisis-oriented specialty services.
FLPPS Design Elements:

- Collaborative, community-based, behavioral health crisis stabilization services with crisis stabilization "hubs."
- Each hub will have a Mobile Crisis Team, crisis stabilization beds (both extended observation and other community stabilization beds), access to care managers and close collaborations with their region’s clinical and community resources.
- Crisis triage will be done primarily at the hub level, with escalation to a centrally supported PPS triage, if required, e.g., to access inpatient services.
- The hub infrastructure will be fully supported by the 2.a.i. Integrated Delivery System.
- Patients will be engaged through walk in, 24/7 phone triage, mobile crisis teams and may also be identified and referred through Care Managers, PCP's and other community partners.
- These hubs are resourced by skilled Behavioral Health teams and will include access to and consultation with Peer Specialists, Care Managers, and Developmental Disabilities Services.

Target Populations:

- Current high utilizers of emergency services for behavioral health crises.
- The general population who currently have low or no utilization of crisis services but who would engage, as needed, if the services were more accessible, lower cost, culturally and linguistically accessible, and patient, family and community-centered.
- Community-based staff and organizations to assure their awareness and collaboration in utilizing community crisis stabilization services in lieu of emergency services, and to provide support and education around the importance of screening and early identification of mental health needs.

Assets:

- Expertise and resources across the PPS in behavioral health crisis intervention and stabilization.
- A PPS-wide willingness and ability to share expertise, best practices and provide leadership as needed.
- Broad-based partnerships that will help us to think differently and pave the way for innovative utilization of community resources.

Challenges:

- Availability of Psychiatric workforce that is culturally, linguistically and ethnically diverse.
- IT variability
- Transportation
- Behavior change

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