

# **Responding to and Preventing Crises : CCBHCs, Urgent Care and One State's Comprehensive Approach to a Psychiatric Care Continuum**

National Association of  
State Mental Health  
Program Directors  
Annual Meeting

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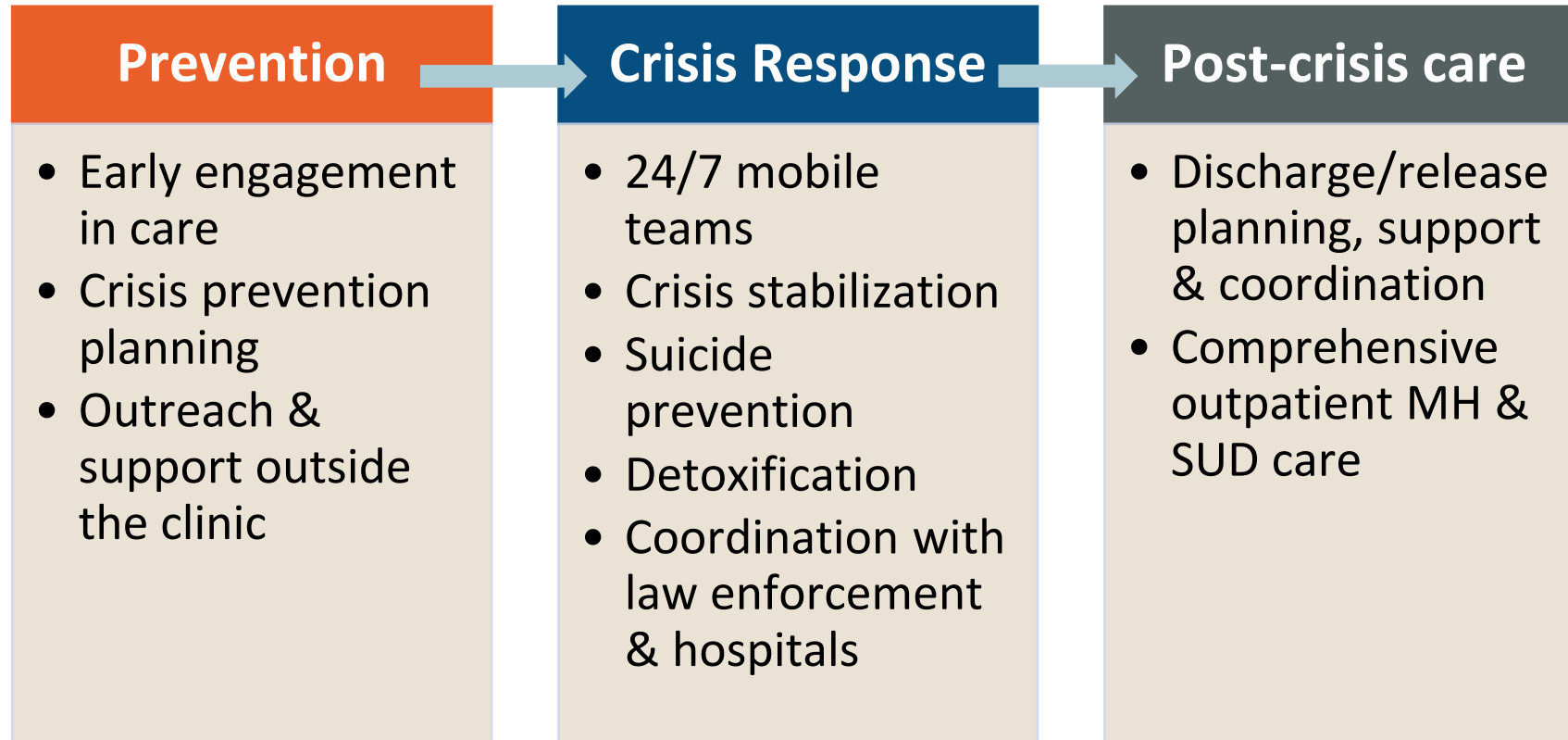
# Presenters

- Chuck Ingoglia, M.S.W.
- Joseph Parks, MD
- Scott Rose, JD
- Debra A. Pinals, M.D.

# CCBHC Increases the Availability of Crisis Response

- **100%** of CCBHCs offer crisis response services, with **51%** of them having newly added crisis services as a result of certification.
- Required crisis activities: 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization
- Common crisis response activities include:
  - Partners with 911 to have relevant 911 calls screened and routed to CCBHC staff (17%)
  - Mobile behavioral health team responds to relevant 911 calls instead of police/EMS (e.g. CAHOOTS or similar model) (19%)
  - Behavioral health provider co-responds with police/EMS (e.g. clinician or peer embedded with first responders) (38%)
  - Operates a crisis drop-in center or similar non-hospital facility for crisis stabilization (e.g. 23-hour observation) (36%)
  - Coordinates with hospitals/emergency departments to support diversion from EDs and inpatient (78%)

# CCBHCs' Role in the Crisis Continuum

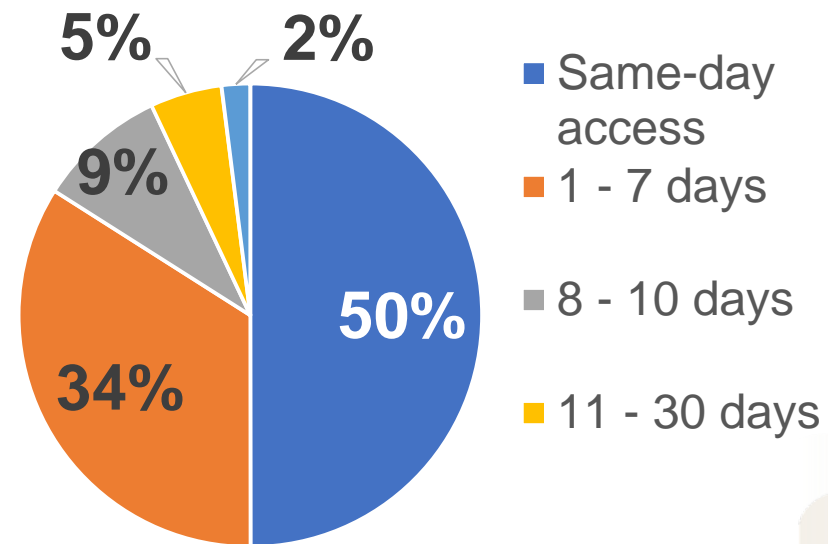


# Decreasing Wait Times for Care

CCBHCs have improved access to treatment by sharply reducing wait times for services, which reach an average of 48 days nationwide.

- **50%** of responding CCBHCs provide **same-day access** to care.
- **84%** see clients for their first appointment **within one week**.
- **93%** see clients **within 10 days**.

Wait Times at CCBHCs From Initial Outreach or Referral to First Appointment



# Urgent Care Centers Linked to Community Enterprise

- Emerging new opportunities for new sites for behavioral health care
  - CVS Minute Clinics, Walgreens, Rite Aid, etc.
    - Virtual and in-person counseling on demand
    - Mental health assessments
    - Accept all payers
  - Transition and Bridge Clinics
    - Paying for “open slots” for aftercare
    - Potential for brief consultation with specialists
  - Other
- Consideration of how all options can integrate across public and private payors



Sheppard Pratt

# Comprehensive Care Continuum

# Description of Sheppard Pratt

- Private psychiatric hospital opened in 1891
- Today, Sheppard Pratt serves:
  - 70,000 individuals of all ages
  - 380 sites in 16 Maryland counties
  - Programs include: inpatient hospitals, day hospitals, outpatient mental health clinics, CCBHC-E, special education schools, psychosocial rehabilitation, housing, employment, assertive community treatment, health homes, opioid treatment, mobile crisis, residential crisis, psychiatric urgent care, social services, and other programs that provide treatment, rehabilitation or support.



# Highlighting Four Sheppard Pratt Crisis Programs

- Mobile Crisis
- Rapid Access to Outpatient Clinic Services
- Psychiatric Urgent Care
- Residential Crisis

# Highlights

- CCBHCs are an emerging model with a unique payment structure that can provide flexible services to meet the clinical needs of a community from crisis and beyond.
- Shepard Pratt provides an example of one clinical entity that has a comprehensive range of services at all levels of care that is increasingly broad and accessible in Maryland
- Urgent care centers and clinical services embedded in retail stores are emerging with a new focus on behavioral health services, and will likely become a bigger enterprise over time to meet the needs of populations especially in light of COVID-19's emotional toll on society

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