CRISIS SERVICES: BUILDING THE CONTINUUM OF CARE BEYOND COVID-19

National Association of State Mental Health Program Directors

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Before COVID-19

❖ Release of the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit by SAMHSA Feb 2020

Beyond Beds
The Vital Role of a Full
Continuum of Psychiatric Care

October 2017

NASMHPD

TREATMENT ADVOCACY CENTER

2017 Recommendations:
1. The vital continuum
2. Terminology
3. Criminal and juvenile justice diversion
4. Emergency treatment practices
5. Psychiatric beds
6. Data-driven solutions
7. Linkages
8. Technology
9. Workforce
10. Partnerships

BOLD GOAL 100% 2018

- Availability of early screening, identification and timely response after the onset of mental illness symptoms in youth and adults
- Access to effective medication and other evidence-based therapies for individuals with psychiatric conditions
- Compliance with legal requirements for health care networks to make the full continuum of psychiatric care accessible to patients
- Access without delay to the most appropriate 24/7 psychiatric emergency, crisis stabilization, inpatient or recovery bed
- Diversion from arrest, detention or incarceration when individuals with mental illness intersect with the justice system and can be appropriately redirected
- Homeless people with serious mental illness permanently housed
- Suicides prevented

BOLDER GOALS, BETTER RESULTS

Seven Breakthrough Strategies to Improve Mental Illness Outcomes

NASMHPD

National Association of State Mental Health Program Directors 2019 Annual Conference

NINE THEMES INCLUDING:
8. Disaster response and opportunity for sustained improvement
9. Mental Health as part of Public Health

BEYOND THE BORDERS:

Lessons from the International Community to Improve Mental Health Outcomes

NASMHPD

AUGUST 2019

8. Disaster response and opportunity for sustained improvement

US Examples

- SAMHSA technical assistance with disaster relief

- Expanded knowledge about trauma informed systems

Lessons from the International Community

- citiesRISE to transform mental health practices and policies (e.g., Kenya, Bogota)

- Enhanced leveraging through recognition of socio-cultural beliefs and impact of trauma s to improve service acceptance (Haiti, Rwanda)

- WHO guide: Building back better: sustainable mental health care after emergencies

BEYOND THE BORDERS

Learning from disasters and sustaining improvement

Case Examples from:

- Afghanistan
- Burundi
- Indonesia (Aceh)
- Iraq
- Jordan
- Kosovo
- Somalia
- Sri Lanka
- Timor-Leste
- West Bank and Gaza Strip

"Mental health reform was supported through planning for long-term sustainability from the outset."

"The mental health system was considered and strengthened as a whole."

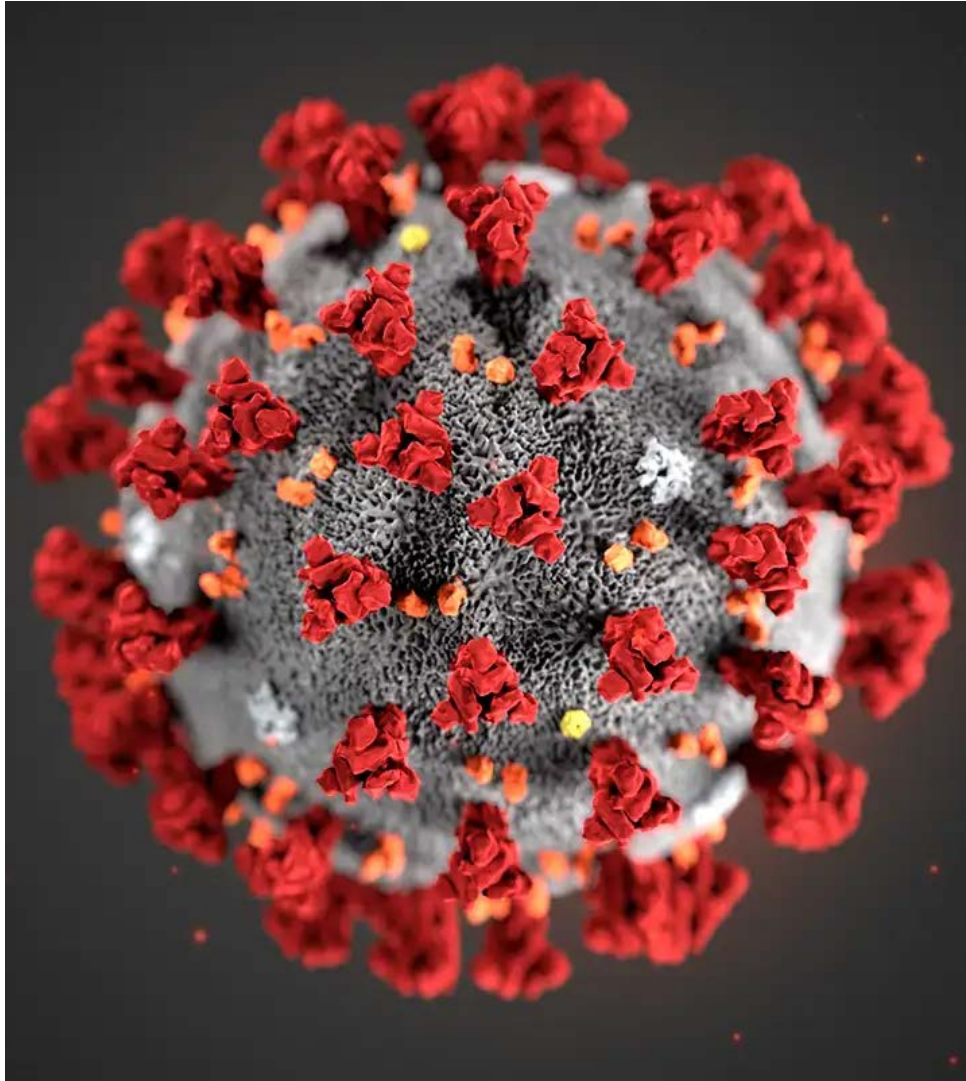2013 Report

9. Mental health as public health

US Examples

- Suicide prevention initiatives

- School efforts to identify mental health needs early

Lessons from the International Community

- Scotland's Good Mental Health for All

- UK Thrive into Work

- Mental Wellbeing Impact Assessment Coalition toolkit (England)

BEYOND THE BORDERS

COVID-19 AND RAPID SYSTEM SHIFTS

Disaster Preparedness and BH Systems and COVID-19

COOP Planning
- Community awareness of plan details

Global pandemic
- Unprecedented
- Demanding
- Evolving
- Changing laws
- Governmental responses
- Clinical shifts
- Financial shifts
- Reliance on federal entities
  - SAMHSA
  - CDC
  - CMS

Preparedness for Medical Bed Need Surge and Its Impact on Psychiatric Beds

"Distinct parts" within General Medical Hospitals

Scatter beds

Planning for COVID-19 on psychiatric units

Access to medical supports when needed

Rapidly evolving

- PPE and Testing

Crisis Services and COVID-19

Crisis call lines, mobile crisis, crisis stabilization and short-term crisis residential services all impacted

Screening for physical health symptoms

Shifting to video visits when feasible and clinically appropriate

SAMHSA Guidelines for BH Crisis Care Best Practices Toolkit issued right before COVID-19

Community Treatment Services

- Partial hospitalization, intensive outpatient, psychosocial rehabilitation day treatment, therapy, medication services

- Shift to telepractices including video and telephonic connections

- Continuing with in-person visits when clinically necessary

Criminal and Civil Justice Interface

- Shifting court processes to video
  - Commitment hearings
  - Guardianship proceedings
  - Criminal matters
  - Forensic services
  - Drug courts, mental health courts, etc.

- Increased reliance on video evaluations and tele-testimony

CRISIS SERVICES: MOMENTUM BEFORE COVID-19

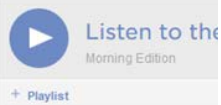# The Sequential Intercept Model: Introduction of Intercept 0
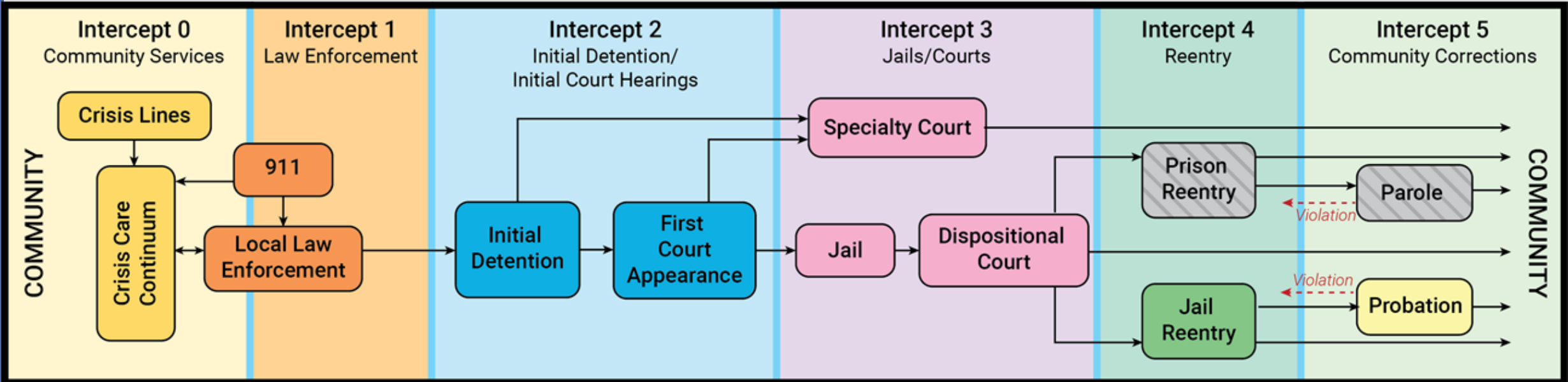
SAMHSA's National GAINS Center, Delmar, NY 2017; Adapted from Munetz MR, Griffin PA. (2006). Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services, 57(4): 544-549.*

Pima County's Crisis Response Center: beautiful, and functional, too

July 12, 2012

Dennis Grantham, Editor-in-Chief

My ongoing involvement with the annual *Behavioral Healthcare* Design Showcase—and a trip earlier this year—gave me an opportunity to visit the CPSA/Pima County Crisis Response Center in Tucson, a design that won top honors in the 2011 Design Showcase. And, while our annual Showcase program honors the efforts of architects and designers involved in behavioral healthcare, we all know that design is but one of the elements
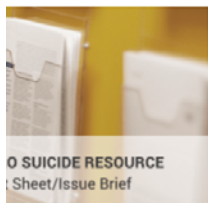
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cide Prevention Resource Center

ut Suicide   Effective Prevention   Resources & Programs   Training   News & Highlights   Organizations

SUICIDE
PREVENTION
LIFELINE   1 (800) 273 TALK

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O SUICIDE RESOURCE
Sheet/Issue Brief

ro Suicide?

t provides a brief overview
icide approach, which can
health and behavioral
stems.

Zero Suicide

PDF version of this page

Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems and is also a specific set of strategies and tools. The foundational belief of Zero Suicide is that suicide deaths for individuals under care within health and behavioral health systems are preventable.

Zero Suicide presents both a bold goal and an aspirational challenge. Organizations that have used this approach found a 60-80% reduction in suicide rates among those in care.

ZEROSuicide
IN HEALTH AND BEHAVIORAL HEALTH CARE

The foundational belief of Zero Suicide is that suicide deaths in health care systems are preventable.

CRISIS NOW
Transforming Crisis Services

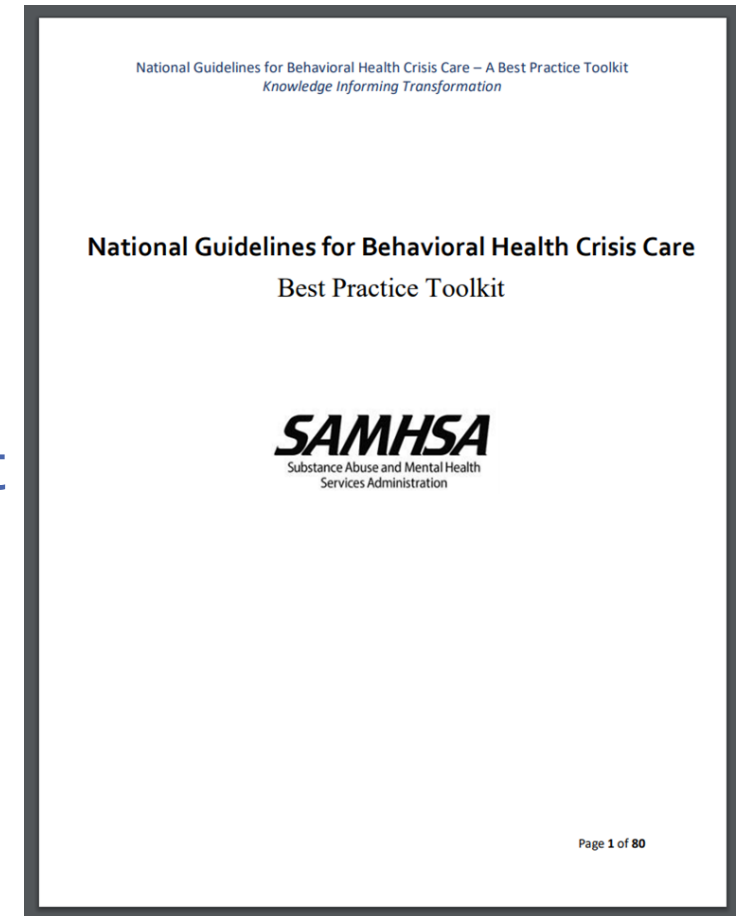# Business Case

The Crisis Now Model

Core Elements

- Regional or statewide crisis call centers coordinating in real time

- Centrally deployed, 24/7 mobile crisis

- 23-hour crisis receiving and stabilization programs

- Essential crisis care principles and practices.

National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit
Knowledge Informing Transformation

National Guidelines for Behavioral Health Crisis Care

Best Practice Toolkit

SAMHSA
Substance Abuse and Mental Health Services Administration

Page 1 of 80

Needed Service Array

- 1. An effective strategy for suicide prevention;

- 2. An approach that better aligns care to the unique needs of the individual;

- 3. A preferred strategy for the person in distress that offers services focused on resolving **mental health and substance use** crisis;

- 4. A key element to reduce psychiatric hospital bed overuse;

- 5. An essential resource to eliminate psychiatric boarding in emergency departments;

- 6. A viable solution to the drains on law enforcement resources in the community; and

- 7. Crucial to reducing the fragmentation of mental health care

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Best Practice Toolkit

SAMHSA
Substance Abuse and Mental Health
Services Administration

Page 1 of 80

CRISIS SERVICES: LOOKING AHEAD

Birdseye View:
Select Types of Crisis Services

- Warm Lines

- 24-hour Crisis Lines (telephone, text, or chat)

- Mobile Crisis Teams

- Crisis Intervention Teams

- Crisis Centers/Hubs

- Crisis Residential Services

- Living Room/Peer Run Crisis Services

Building Systems Through No Wrong Door and Clear Linkages

- Warm welcoming: ANYONE, ANYWHERE, ANYTIME

- Trauma-Informed

- Person-Centered

- Clear pathways to next steps if needed

Blending Technology with Human Resources

- Air Traffic Control Model

- GPS tracking

- Access to Data Systems

- Taking lessons learned from existing systems
  - COVID-19 and testing access
  - Access to services through 211

Legal Considerations

- Balance for least invasive approaches, but also need to be life-saving
  - Psychiatric Directives
  - AOT

- EMTALA and Access

- HIPAA and 42 CFR Part 2

Equity to Erase Structural Racism

- Trauma-informed
- Equal Access for All
- Policies, practices and principles to eliminate disparities

Regulatory, Policy, and Program Advances and the Work Ahead

- Statutes, regulations
- Policy and funding
- Workforce development

IMAGINE A NEW WORLD: TAYLOR CALLS FOR HELP VIA 988

Comments? Questions? Feedback?

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