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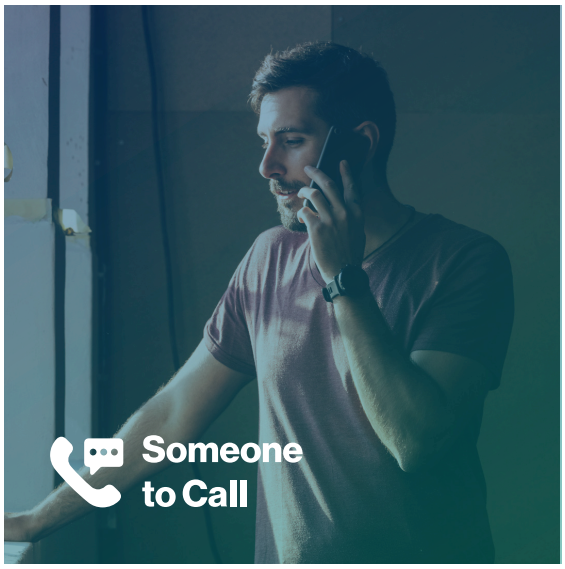
Feasibility Study Executive Summary

Implementation of the Crisis Now Model in Palm Beach County

initium HEALTH

The residents of Palm Beach County deserve a high quality, high functioning behavioral health crisis system. The National Guidelines for Behavioral Health Crisis Care delineate best practices for crisis care systems. These guidelines ensure residents receive timely, effective, and compassionate care.

Spearheaded by the National Association of State Mental Health Program Directors, the Crisis Now Model serves as a framework for communities to implement the National Guidelines. The Crisis Now Model is best known for its three key programmatic components:



1. Someone to Call

Regional Crisis Call Centers provide 24/7 access to trained professionals for risk assessment and support through the 988 Suicide & Crisis Lifeline. Best practice guidelines include implementing GPS-enabled technology to dispatch mobile crisis teams to those in need. In the Crisis Now Model, crisis call centers utilize real-time bed registries and have the ability to schedule outpatient appointments and efficiently link people to needed resources. As the hub for services, the crisis call center functions as “air traffic control” for people in crisis, which means call center staff always know where a person is in the continuum of care and facilitate hand-offs and ensure follow-up occurs.

Georgia is widely recognized as a national leader for developing the first statewide crisis line capable of real-time tracking of available crisis beds and utilizing GPS data to dispatch mobile teams. The Georgia Crisis Access Line (GCAL) developed specialized software to support its comprehensive system, which is now made available to other communities in partnership with Behavioral Health Link.

2. Someone to Respond

Mobile Crisis Teams provide community-based intervention services to individuals experiencing a crisis, and offer support wherever the person is. According to the National Guidelines, teams should be staffed by licensed/credentialed clinicians and peers, and should respond within one hour.

Teams should be deployed by the crisis call center on a 24/7 basis. Mobile teams can respond without law enforcement accompaniment unless inclusion is warranted. This approach can lessen the burden of behavioral health crisis response for law enforcement.
The Crisis Now Resource Calculator identifies that Palm Beach County requires 20 mobile teams (each working 40 hours per week) to meet the needs of residents. Today, there are only 3 mobile teams in Palm Beach County.

In Oregon, the Crisis Assistance Helping Out On the Streets (CAHOOTS) program has been widely recognized as a model for mobile crisis and law enforcement collaboration. Appropriate behavioral health calls that come in through 911 are channeled to CAHOOTS teams for response. In 2019, out of nearly 18,000 calls, the CAHOOTS team requested police back up from the City of Eugene just 311 times (2%).

3. Somewhere to Go

Crisis Receiving and Stabilization Facilities provide 24/7 intensive, short-term stabilization in a warm and welcoming environment. As outlined by the National Guidelines, these facilities accept both walk-ins and individuals brought in by first responders.

Crisis receiving facilities provide individual stays of up to 23 hours and 59 minutes, so are often referred to as 23-hour observation units. Short-term stabilization beds for individuals who are not sufficiently stabilized within 24 hours are often co-located with crisis receiving facilities. The Crisis Resource Need Calculator identifies that 82 receiving chairs and 69 short-term beds are needed in Palm Beach County, while currently there are just 20 chairs and 35 short-term beds.

Connections Health Solutions is a nationally-recognized leader in transforming crisis care. Its Crisis Response Center (CRC) in Tucson, Arizona, is distinguished by its unique combination of medical and recovery-focused treatments. The CRC implements best practices, including offering a dedicated first responder drop-off area with a drop-off process of less than 10 minutes and a no rejection policy for first responders. Connections reports that 60-70% of clients achieve stabilization and are successfully discharged back into the community through the 23-hour stabilization service at the CRC.

The Business Case for Evidence-Based Crisis Care

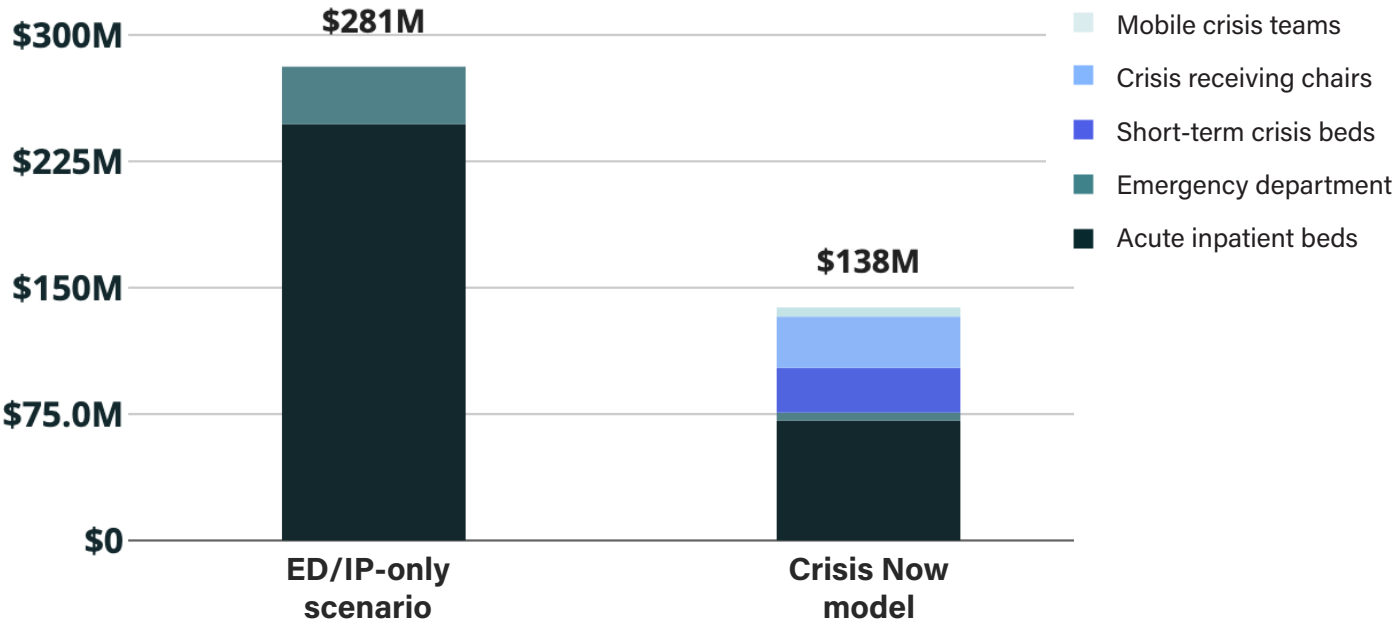
The business case for implementation of the Crisis Now Model is clear. By investing in lower-cost alternatives to care through the expansion and upgrade of crisis call centers, deployment of mobile response teams, and the centralization of specialized facility-based crisis care, communities will save money.

The costly interventions of incarceration and hospitalization will be reduced, and the upstream investments in evidence-based approaches to behavioral health crises will better optimize limited financial resources across the community.

The purpose of this feasibility study is to present recommendations on the crisis care approach best suited for Palm Beach County. While the Crisis Now Model has specific elements that are required for success, there are a variety of ways to implement and operationalize these components. The cost estimates provided below are based on health care costs for Palm Beach County specific needs and service gaps according to the National Guidelines. Projected costs of implementation of the Crisis Now model are based on estimates derived from nationally-recognized services and facilities. Costs are projected without assigning responsibility to a particular community partner for implementation. This report is the starting point for the discussions with stakeholders and community partners on the optimal way to implement the Crisis Now Model in Palm Beach County.

The Crisis Resource Need Calculator provides an overview of the estimated cost reduction associated with transforming the existing crisis care system in Palm Beach County from a starting point focused solely on ED and inpatient psychiatric services (Figure 1).

Figure 1. Crisis Resource Need Calculator for Palm Beach County



The ED and inpatient psychiatric services only scenario is a starting point for communities to estimate their cost reduction potential. By implementing the full continuum of Crisis Now services, Palm Beach County can build on its existing crisis services and realize significant savings.

We collected data on the current state of crisis services and compared it to the recommended level of services in the Crisis Now model. By doing so, we identified the gap that needs to be addressed in order to provide a crisis system aligned with the National Guidelines (Table 1).

As shown below, the implementation of a fully equipped crisis system is anticipated to reduce the demand for acute inpatient beds to less than the number available today. This occurs as more crisis care is delivered in alternative settings, and crises are resolved earlier in their progression.

Table 1: Current and Recommended Crisis Service Levels

Site	Current State: Palm Beach County	Crisis Now Model Projections	Gap
Mobile Crisis Teams	3	20	17
Crisis Receiving Chairs	20	82	62
Short-term Crisis Beds	35	69	34
Acute Inpatient Beds	279	186	N/A

A pioneering study cited in the National Guidelines and conducted by the National Action Alliance for Suicide Prevention found that crisis services were the preferred and most efficient care for people in distress, not hospital-based care. An analysis of crisis data in Tucson, Arizona, found that the vast majority of people (80%) had their crisis resolved over the phone when calling a crisis call center, and 70% of those who needed mobile response had their crisis resolved in the community, without the need to visit a crisis facility. Of those who visited a crisis facility, 65% were discharged to levels of care other than inpatient, ED, or jail. Further, 85% of individuals with a mobile crisis team or crisis facility encounter did not have a subsequent ED visit or hospitalization within 45 days. A person-centered crisis system delivers services in the most effective, least restrictive settings, minimizing the use of locked facilities, restraint, force, and seclusion.

Adapted from Balfour, et al.

As an existing medical provider and a taxpayer funded entity, the Health Care District is well positioned to leverage its resources to facilitate the implementation of the Crisis Now Model in Palm Beach County.

Successful implementation will require the coordination and cooperation of all parties involved in the delivery of behavioral health care in Palm Beach County. The Health Care District is equipped to leverage its electronic health record system to enhance care coordination across various sites of care. The Health Care District can serve as a convener to support accountability and data transparency and ensure sustainability.

Health Care District
PALM BEACH COUNTY

Best Practices for a Care Continuum

The National Guidelines for Behavioral Health Crisis Care establish minimum expectations and best practices for each programmatic component of the care continuum.

Crisis Call Center: Minimum Expectations

Minimum Expectations
Operate every moment of every day (24/7/365)
Answer every call or coordinate overflow coverage with a resource that also meets all of the minimum crisis call center expectations
Assess risk of suicide in a manner that meets NSPL standards and danger to others within each call
Coordinate connections to crisis mobile team services in the region
Be staffed with clinicians overseeing clinical triage and other trained team members to respond to all calls received
Connect individuals to facility-based care through warm hand-offs and coordination of transportation as needed

Crisis Call Center: Best Practices

Best Practices (must meet minimum expectations AND):
Incorporate Caller ID functioning
Implement GPS-enabled technology in collaboration with partner crisis mobile teams to more efficiently dispatch care to those in need
Utilize real-time regional bed registry technology to support efficient connection to needed resources
Schedule outpatient follow-up appointments in a manner synonymous with a warm handoff to support connection to ongoing care following a crisis episode

Mobile Crisis Teams: Minimum Expectations

Minimum Expectations
Include a licensed and/or credentialed clinician capable of assessing the needs of individuals within the region of operation
Respond where the person is (home, work, park, etc.) and not restrict services to select locations within the region or particular days/times
Connect individuals to facility-based care as needed through warm hand-offs and coordinating transportation when and only if situations warrant transition to other locations

Mobile Crisis Teams: Best Practices

Best Practices (must meet minimum expectations AND):
Incorporate peers within the mobile crisis team
Respond without law enforcement accompaniment unless special circumstances warrant inclusion in order to support true justice system diversion
Implement real-time GPS technology in partnership with the region's crisis call center hub to support efficient connection to needed resources and tracking of engagement
Schedule outpatient follow-up appointments in a manner synonymous with a warm handoff in order to support connection to ongoing care

Crisis Receiving Facility: Minimum Expectations

Minimum Expectations
Accept all referrals
Not require medical clearance prior to admission but rather assessment and support for medical stability while in the program
Design their services to address mental health and substance use crisis issues
Employ the capacity to assess physical health needs and deliver care for most minor physical health challenges with an identified pathway in order to transfer the individual to more medically staffed services if needed
Be staffed at all times with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community
Offer walk-in and first responder drop-off options
Be structured in a manner that offers capacity to accept all referrals at least 90% of the time with a no rejection policy for first responders
Screen for suicide risk and complete comprehensive suicide risk assessments and planning when clinically indicated
Screen for violence risk and complete more comprehensive violence risk assessments and planning when clinically indicated

Crisis Receiving Facility: Best Practices

Best Practices (must meet minimum expectations AND):
Function as a 24 hour or less crisis receiving and stabilization facility
Offer a dedicated first responder drop-off area
Incorporate some form of intensive support beds into a partner program to support flow for individuals who need additional support
Include beds within the real-time regional bed registry system operated by the crisis call center hub to support efficient connection to needed resources
Coordinate connection to ongoing care

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