# Why Modernize the Crisis System?

- To address the increased need for services and supports and lower the wait time to obtain clinical mental health care.
- To get individuals connected to the right type of help not the emergency room or criminal justice involvement.
- To align Pennsylvania's system with SAMHSA's best practice guidance.
- To develop crisis intervention services regulations that update requirements which are thirty years old.

#### SAMHSA's Best Practices Guidelines

- In 2020 SAMHSA released the National Guidelines for Behavioral Health Crisis Care A
  Best Practice Toolkit
- The toolkit can be found at the following link- <u>National Guidelines for Behavioral Health</u> Crisis Care (samhsa.gov)
- Designed to be an Integrated Crisis System able to address people experiencing either a Mental Health or Substance Use Disorder Crisis
- Comprehensive and Integrated Crisis Network aimed at assisting with:
  - Emergency Room boarding issues
  - Overdependence on restrictive longer-term Inpatient placements
  - Overuse of Law Enforcement
  - Diversion to Incarceration
- Based on Three Essential Core Services Someone to Call, Someone to Respond, Somewhere to Go
  - Someone to Call: 988 Regional Crisis Call Centers
  - Someone to Respond: Mobile Crisis Teams
  - Somewhere to Go: Emergency Behavioral Health (EBH) Walk-In Centers

## Someone to Call – 988 Regional Crisis Call Center

- The first step in a crisis continuum are crisis hotlines. Call centers function to provide support to individuals experiencing a crisis.
- According to Vibrant Emotional Health, SAMHSA's contracted administrator for the Suicide and Crisis Prevention Lifeline, only 10% of callers require additional services beyond telephone support.
- There are currently 12 Lifeline Call Centers answering 988 for callers from the Commonwealth, with 2 more Call Centers in the process of onboarding.

SAMHSA General Call Center Benchmark: 90% of calls to the Lifeline will be answered by an instate call center by 2023.

### Someone to Respond - Crisis Mobile Team Response

- Individuals experiencing a mental health crisis are often directed to emergency rooms or receive a law enforcement response in the community.
- Mobile crisis teams are staffed by behavioral health professionals, including certified peer professionals (Certified Peer Specialists & Certified Recovery Specialists) who respond to individuals in the community to provide support, de-escalate individuals, and identify appropriate resources.
- Teams (2 or more professionals) respond to individuals in crisis in the community 24 hours a day, 7 days a week.

SAMHSA Mobile Crisis Team Benchmark: 80% of individuals have access to a rapid community crisis response by 2025.

#### Somewhere to Go – EBH Walk-In Centers and Crisis Stabilization Facilities

- EBH Walk-In Centers can serve as an alternative to Emergency Departments and accept all patients (voluntary and involuntary) without requiring medical clearance.
- EBH Walk-In Centers have medical providers capable of diagnosing and prescribing medication and an emphasis on embedding certified peer professionals to assist in engaging patients.
- Serve as a diversion from justice system engagement.
- Walk-In Centers serve as a mental health urgent care center where assessments are conducted, medications can be utilized to stabilize, and a plan of care is developed in less than 24 hours.
- For individuals who require longer stabilization, but not a hospital level of care, Crisis Stabilization Facilities provide residential care for up to five days. These can include Peer Run Crisis Stabilization.

SAMHSA Walk-In Centers Benchmark: 80% of individuals have access to community-based 24/7 crisis care by 2027.

### What's Needed Next

- Crisis Intervention Regulations are in development and need to be promulgated
- Commitment of sustained funding to meet the SAMHSA model
- Parity in coverage from Commercial Insurance Payors across the continuum of crisis services
- Time System Transformation