

Welcome to the Ohio Crisis Academy

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Today's Presenter

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Crisis Systems Consultant,
TBD Solutions

President,
Crisis Residential Association

Host,
The Crisis Podcast



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Residential Crisis Services
Ohio Crisis Academy
June 25, 2020



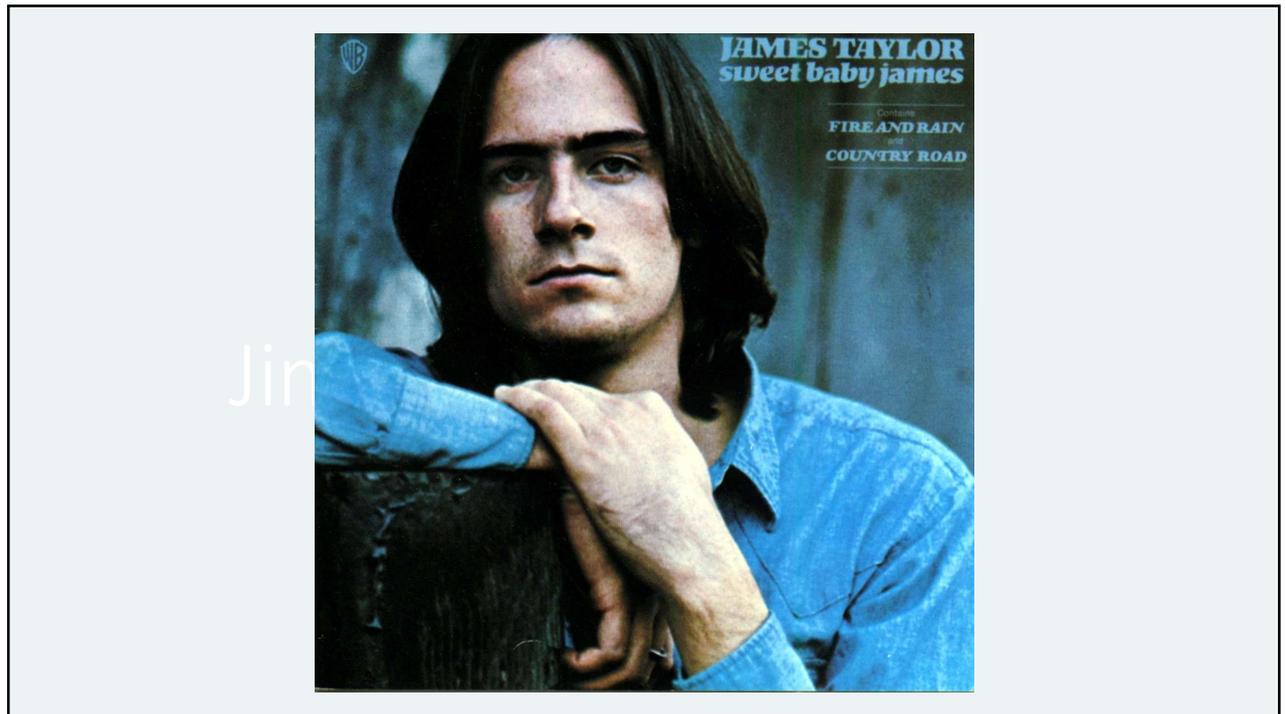
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Jim

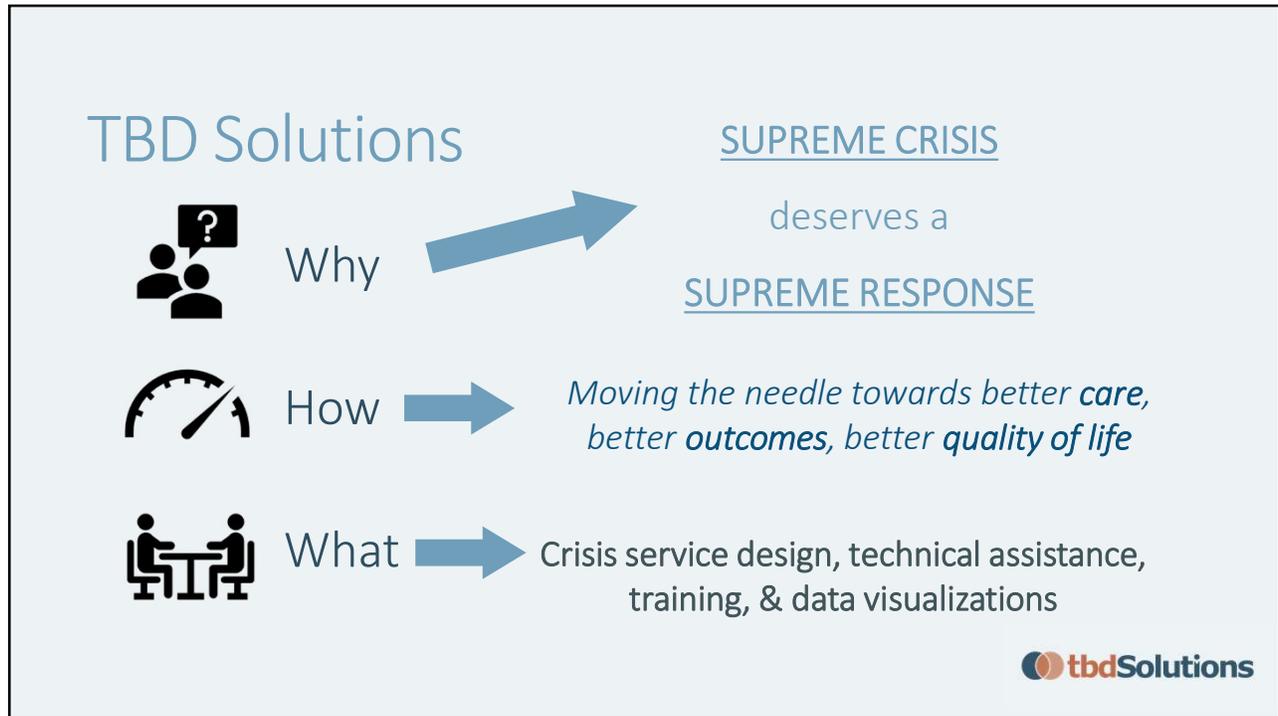
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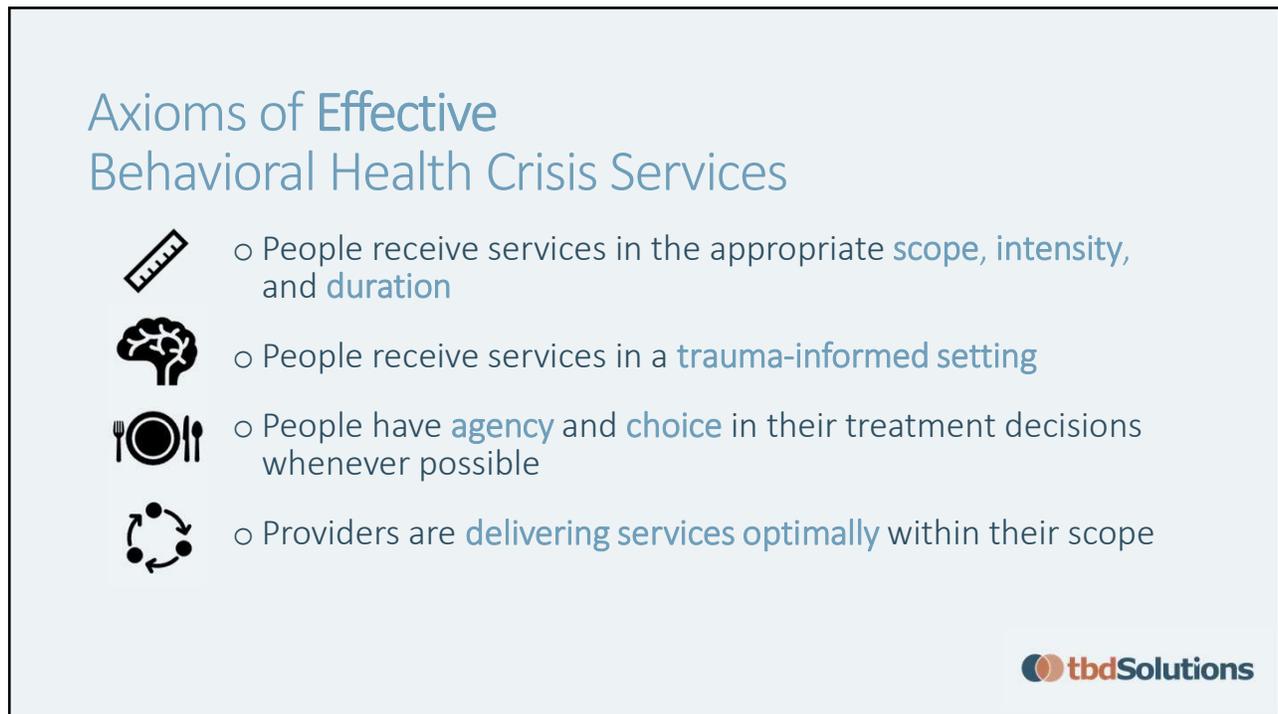
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Axioms of Effective Behavioral Health Crisis Services



o People receive services in the appropriate **scope**, **intensity**, and **duration**



o People receive services in a **trauma-informed setting**



o People have **agency** and **choice** in their treatment decisions whenever possible



o Providers are **delivering services optimally** within their scope

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Rules We Live By

“Stop, drop,...”



“Measure twice,...”



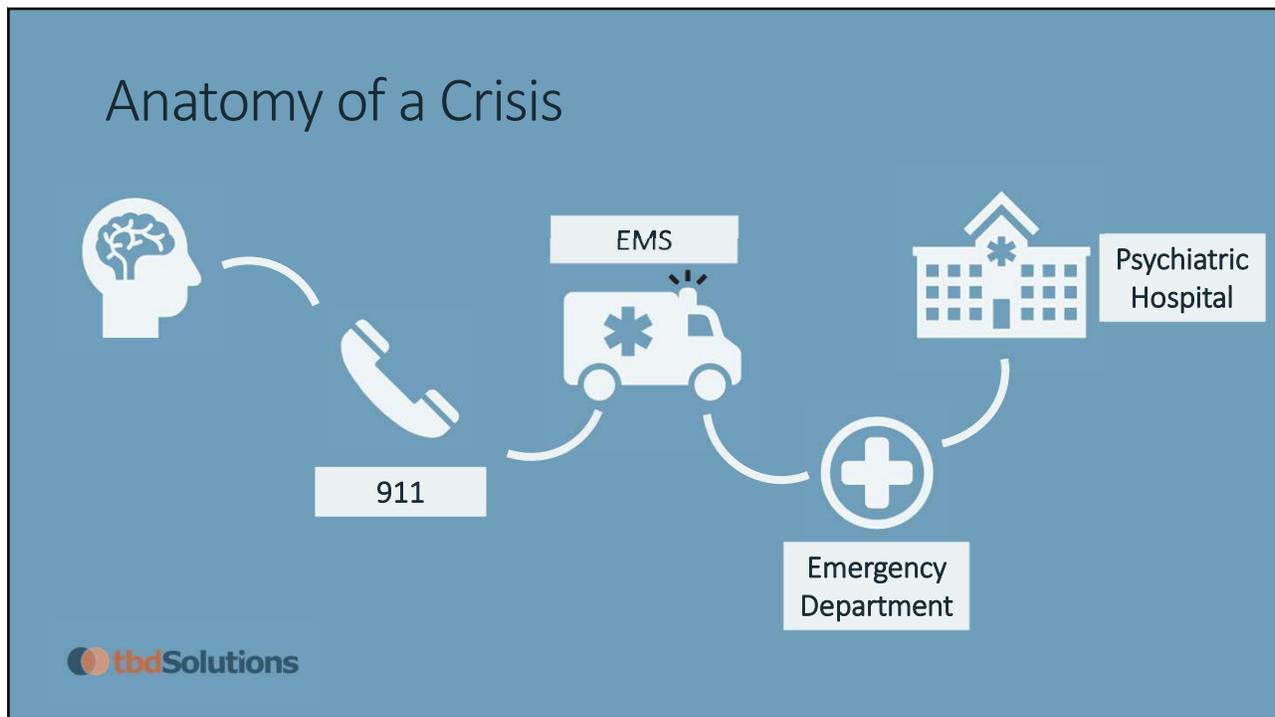
“A bird in the hand...”



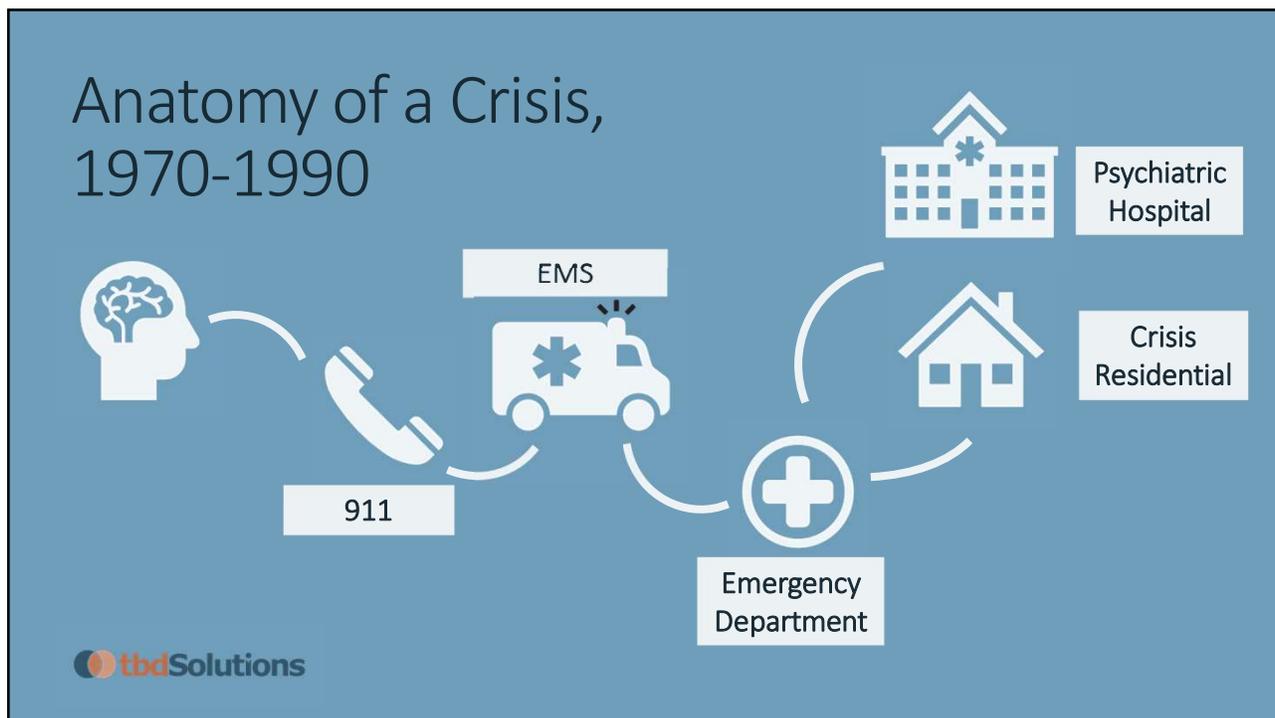
“If this is an emergency, _____ or go to _____.”



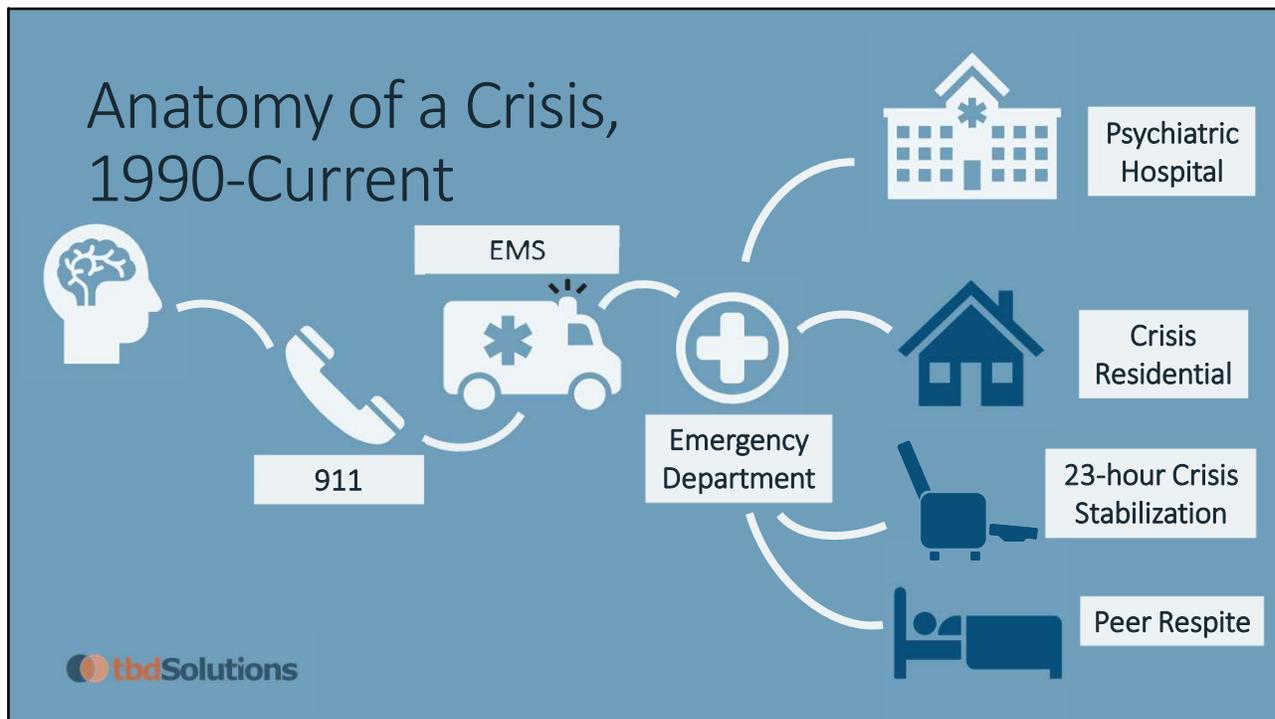
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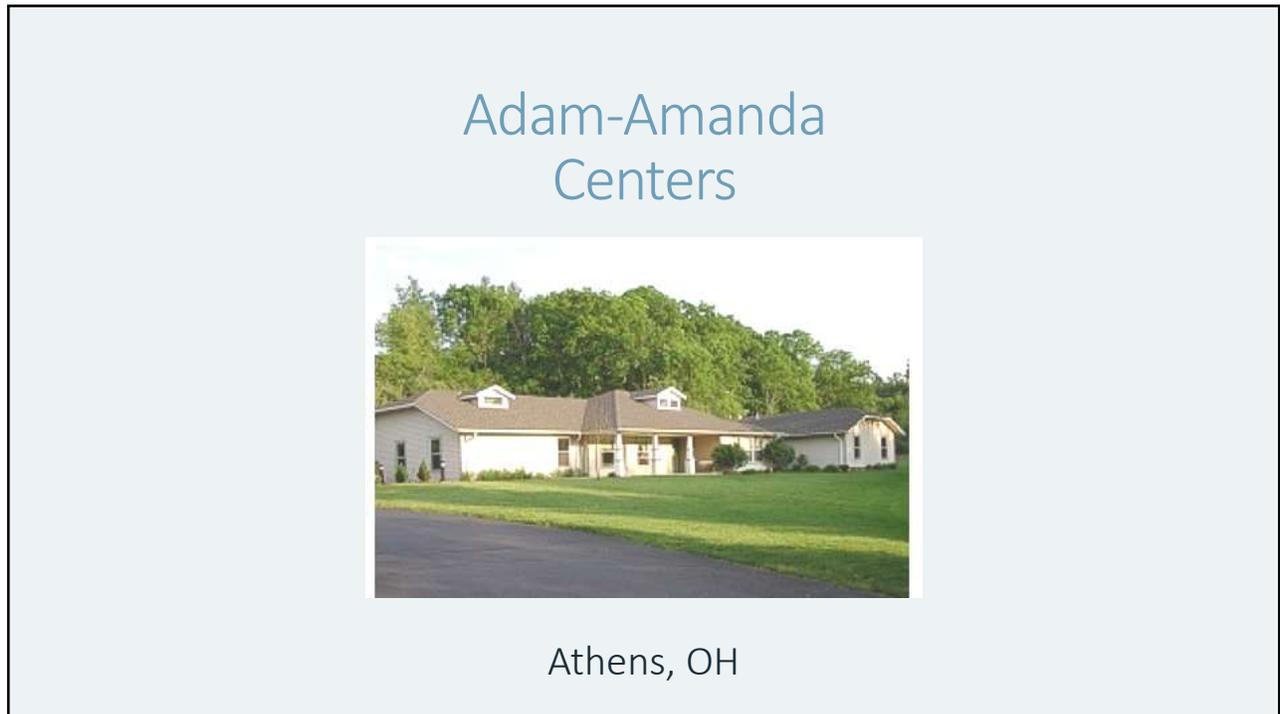
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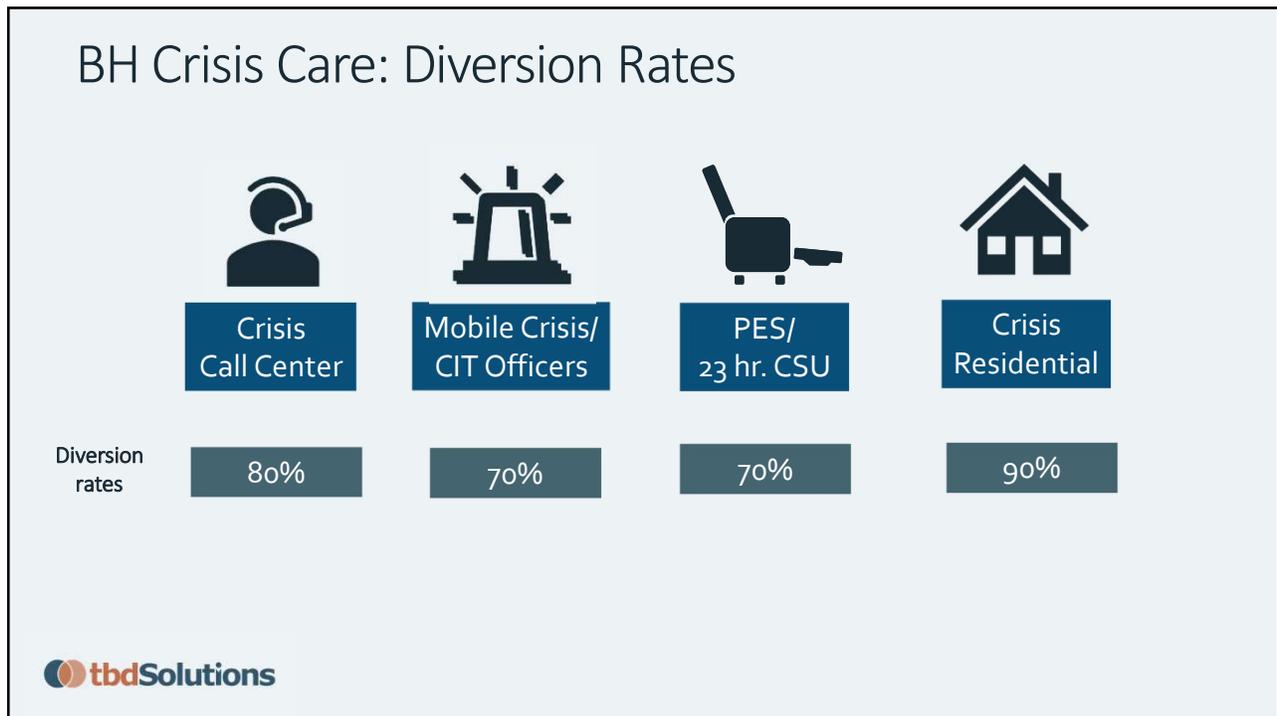
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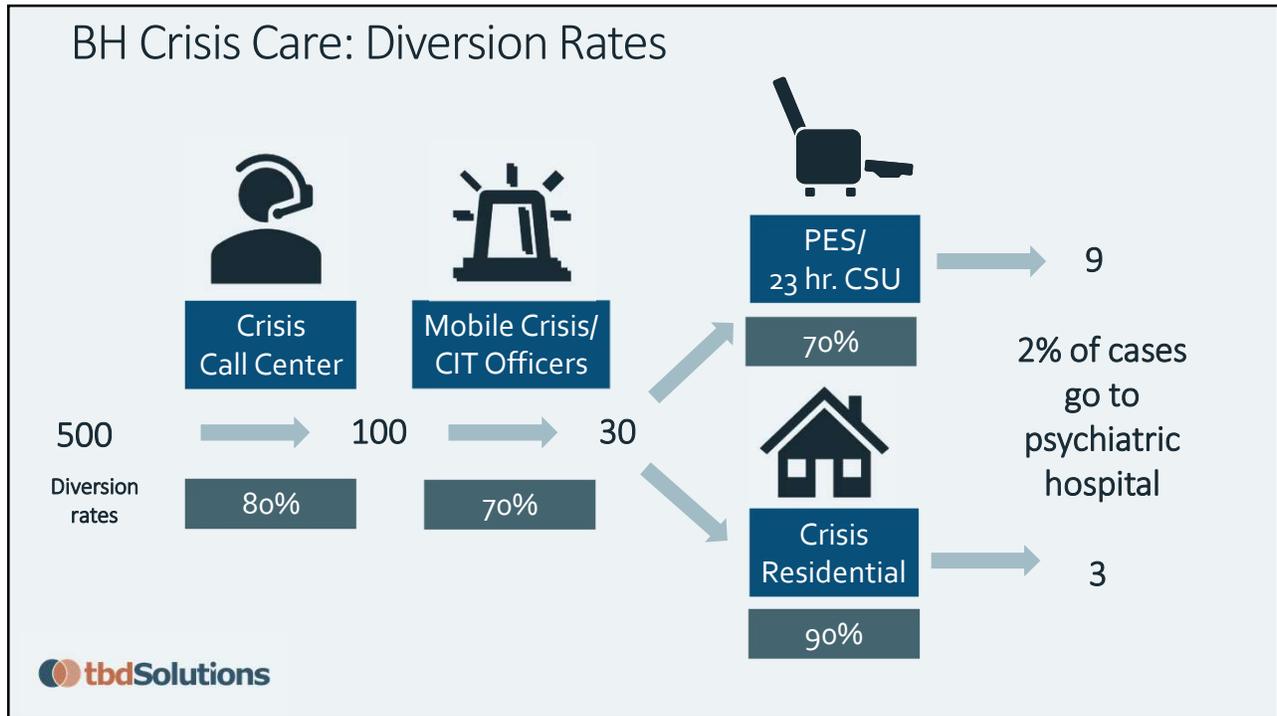
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Crisis Residential	vs.	Adam-Amanda Centers
Adult and youth types	Ages	Ages 18 and older
3-14 days	Length of Stay	30-90 days
Typically 24/7	Admissions	Monday-Thursday
Either; in most states, typically diversion	Diversion or Stepdown?	Stepdown from psych inpatient
Therapy and skills groups daily	Therapeutic Milieu	Therapy and skills groups daily

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What are Crisis Residential Services?



- Unlocked



- Multi-day length of stay (more than 24 hours)



- Criteria is often similar to psychiatric hospitalization



- Community-based



- 3- to 14-day Length of Stay



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Why Crisis Residential Services Matter



- Many states spend \$100 million+ annually on psychiatric hospitalization for adults with mental illness



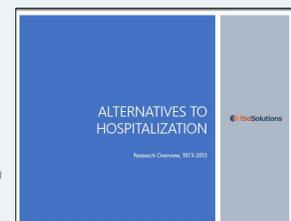
- Over 35 years of research demonstrate evidence that Crisis Residential Units provide favorable treatment to psychiatric hospitals
 - Better outcomes²
 - Higher client satisfaction³
 - Lower cost⁴

¹MDHHS 2017 904 Report. https://www.michigan.gov/documents/mdhhs/Section-904-2c_Part1_Statewide_Summary_649769_7.pdf

²Prolak, P. and Kirby, M. "A Model to Replace Psychiatric Hospitals", The Journal of Nervous and Mental Disease, 1976.

³Hawthorne, et al. "Comparison of Outcomes of Acute Care in Short-Term Residential Treatment and Psychiatric Hospital Settings."

⁴Fenton, et al. "Cost and Cost-Effectiveness of Hospital vs. Residential Crisis Care for Patients Who Have Serious Mental Illness." Archives of General Psychiatry, April 2002.



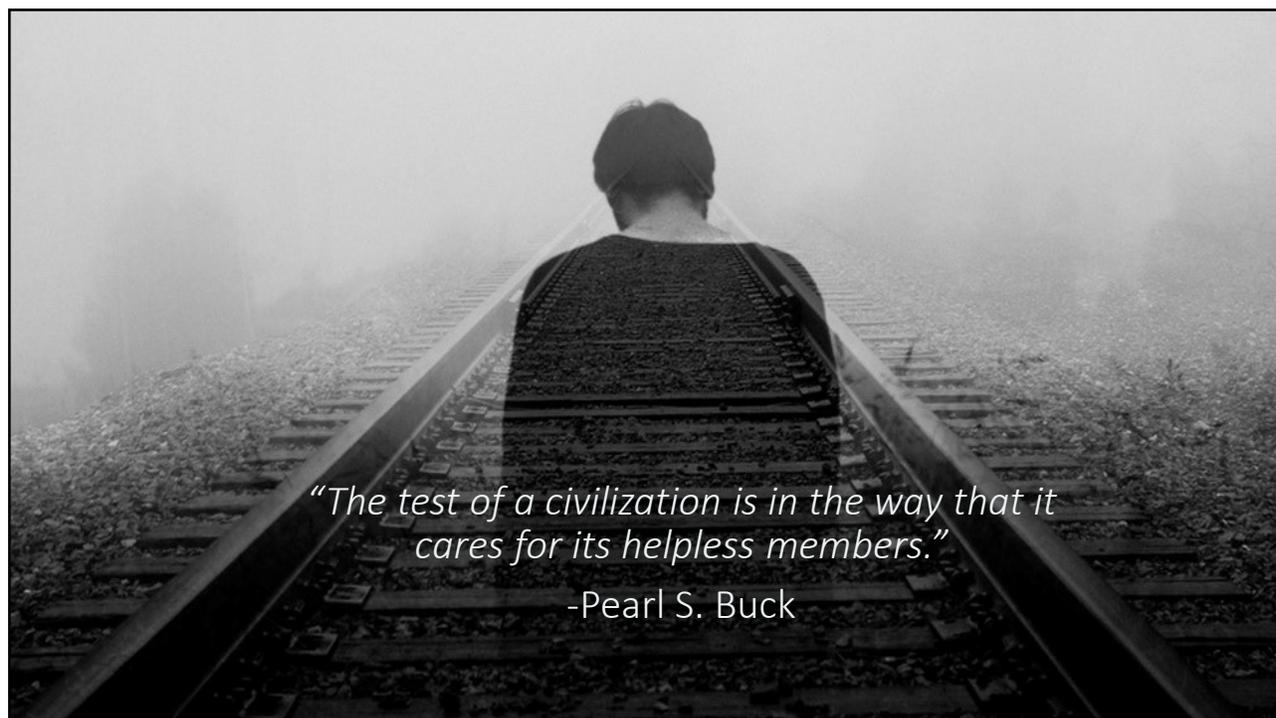
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What are
PEER RESPITE
Services?

-  • Unlocked
-  • Full agency and choice in level of engagement
-  • Crisis is defined by the user, and may extend to emotional distress
-  • Residential setting
-  • 2-4 beds, 3-10 day LOS



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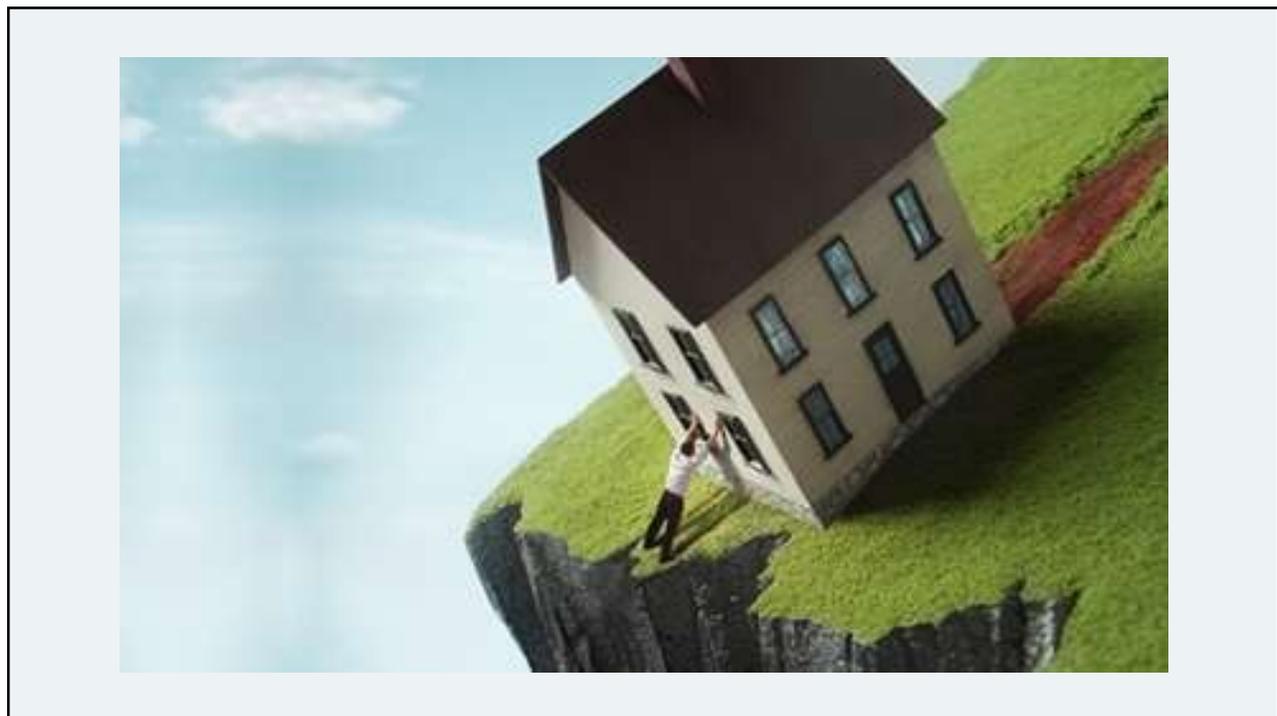
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Crisis Residential
in Ohio

- Crisis Residential = **Crisis Stabilization Unit** in Ohio
- 253** CSU Beds
- 3,183** Psychiatric Hospital Beds
- Population of Ohio: **11.7 million people**
(10.8 beds/500k)

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Crisis Residential Programs: What We're Learning



- CRPs are underfunded and inadequately supported
Michigan: 50% manager turnover in the past 18 months



- CRPs are underutilized and misunderstood
Supply and **demand** are not optimized, causing referral sources to choose the most convenient option vs. the most appropriate for their client's condition



- Psychiatry requirements limit CRPs' ability to be helpful
Regulations that initial psychiatric evals must be completed by psychiatrist within 24 hours of admission



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Crisis Residential Challenges



- Siloed providers



- Limited knowledge of best practices



- Misaligned vision between providers and payers



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What makes Crisis Residential Services work?



- Homelike environment



- Length of stay



- Agency & choice



- Process and skills groups in a structured milieu

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2020 Impact Survey



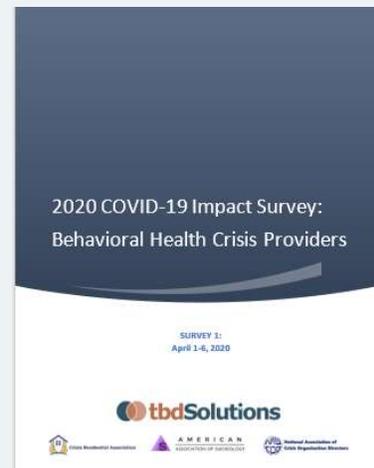
Crisis
Call Center



Mobile Crisis/
CIT Officers



Crisis
Residential



 **tbdSolutions**

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Survey Context



Purpose

To understand the landscape of BH crisis service providers during COVID-19



Method

4-question online survey open to crisis providers & promoted in partnership with the **Crisis Residential Association**, the **American Association of Suicidology**, and the **National Association of Crisis Organization Directors**



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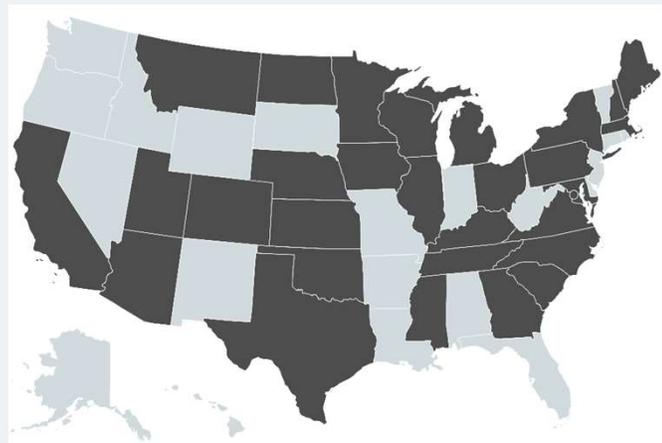
Crisis Residential



130 Crisis Residential Programs from 29 states responded

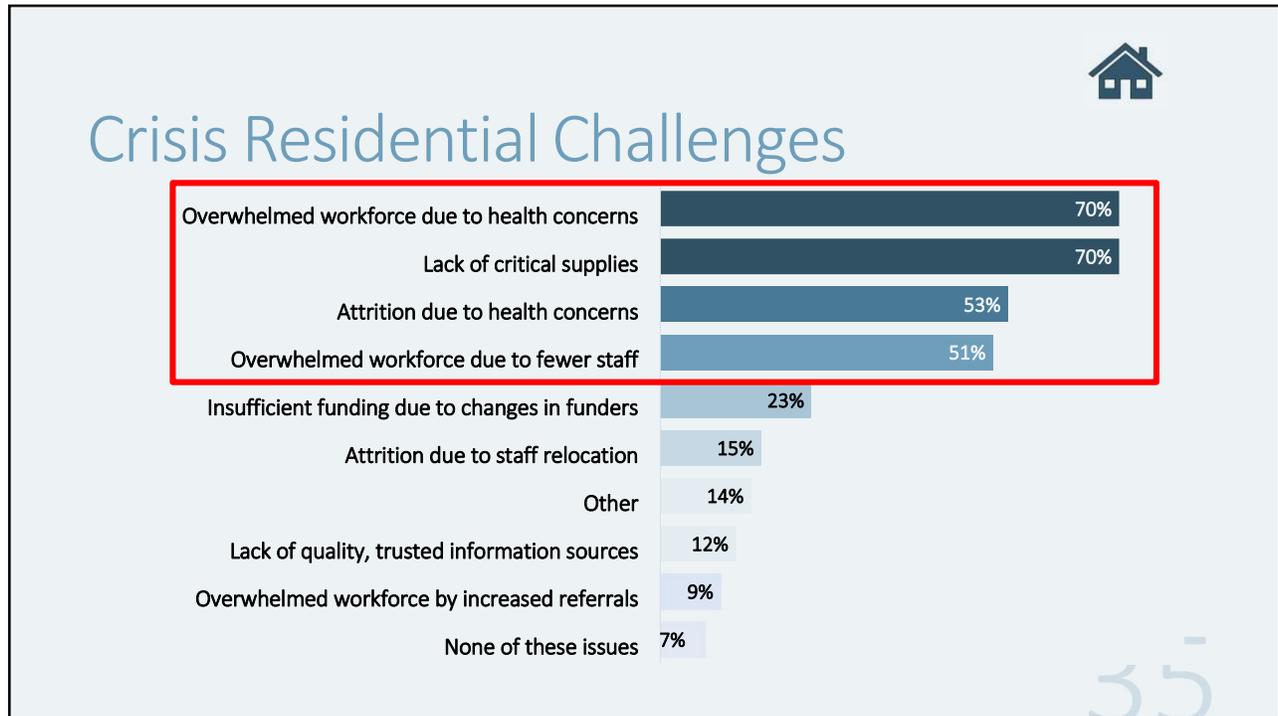
CRPs are referred to by many names, including

Crisis Residential Units, Crisis Stabilization Units, Brief Intervention Programs, Community Crisis Stabilization, and Facility-Based Crisis



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**Crisis Residential:
Current & Future Challenges**

-  **Reduced Bed Capacity/Census**
-  **A Workforce Hanging in the Balance**
-  **Lack of Available Resources at Discharge**
-  **Communal Living Environments**

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Crisis Residential & Rural Communities



- Network Adequacy



- Rural communities as the hub of (necessary) innovation



- Blending the appropriate programs...
 - *Shared staffing (Iowa)*
 - *MH & SUD (Kentucky)*

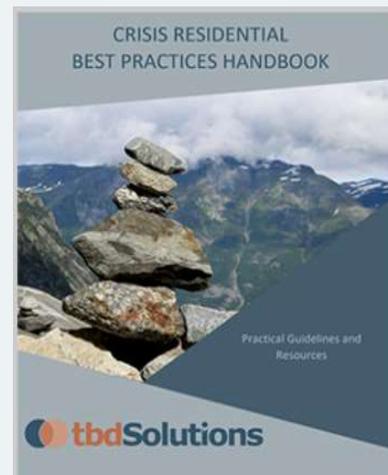


- ...Without combining the inappropriate ones
 - *Transitional housing*

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Crisis Residential Association

- Leading conversations around **effective, equitable, recovery-oriented** crisis treatment
- Crisis Residential Best Practices Handbook (2018)
- 2020 Crisis Residential Conference (Virtual)
 - 2018- San Diego; 2019 -Grand Rapids, MI



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Opportunities for Crisis Residential Services

1

Develop standard metrics for crisis residential services

- Set benchmarks

2

Establish **network adequacy standards** for crisis services

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Opportunities for Crisis Residential Services

1



Develop standard metrics for crisis residential services

- Timely
- Accessible
- Least Restrictive
- Community Safety
- Minimize ED Boarding
- Get People Connected
- Consumer and Family Centered
- Meet the Needs of Complex Patients

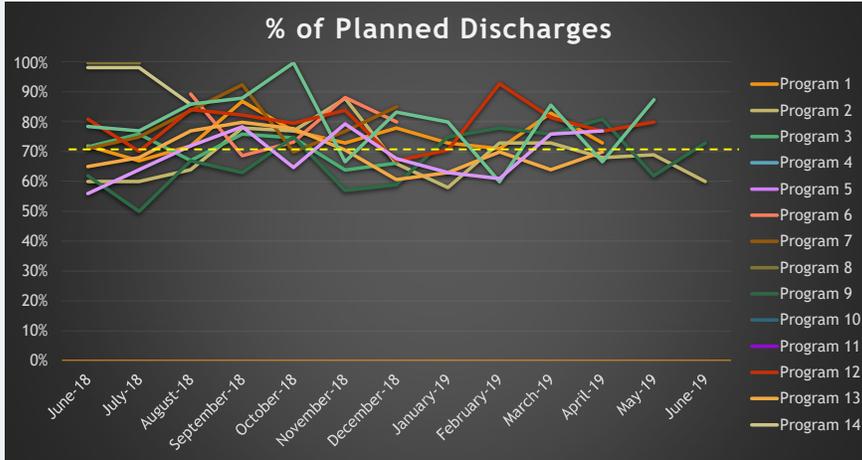
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Establish **network adequacy standards** for crisis services

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Michigan Crisis Metrics: Example



Metric:
Percentage of discharges according to plan (not discharging because of AMA, step-up, or medical transfer)

Benchmark:
70%

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Opportunities for Crisis Residential Services

3 

Establish rates to **sustain adequate wages** for the high-impact, high-stress services provided by Direct Service Professionals and Program Managers in the CRPs

4 

Expand **telepsych** capacity within Crisis Residential Services

5 

Assure CRPs are included in the development and program listings for a central bed registry.

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Opportunities for Crisis Residential Services



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Develop national accreditation standards and clinical practice guidelines

7



Advocate for diversified funding streams with commercial health plans, VA, & Medicare

8



Fund additional research on the efficacy of crisis residential services

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Get Involved

American Association of Suicidology

www.suicidology.org

National Association of Crisis Organization Directors

www.nascod.org

Crisis Residential Association

www.crisisresidentialnetwork.com



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Questions



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