
AGENDA ITEM 8A

Action

February 26, 2015 Commission Meeting

Crisis Stabilization Services in California

Summary: In the beginning of 2009, many States across the country experienced devastating cuts to mental health budgets. California was no exception and experienced some of the largest State mental health budget cuts between 2009 and 2012, totaling \$764.8 Million or 21 percent of its 2008 budget. These cuts, largely the result of the economic downturn in 2008, prompted a behavioral health crisis throughout the State. Significant reductions in community mental health services and the closure of some County run inpatient psychiatric services were the product of shrinking mental health funding and this significantly impacted crisis stabilization services including the closure of some crisis stabilization units. The impact of crisis stabilization service closures or reductions were felt throughout many communities and had immediate impacts to clients, law enforcement, emergency medical services and health systems. The impact to health systems was felt as individuals seeking behavioral health treatment began inundating local emergency departments.

In some communities following the closure of the County crisis stabilization services, behavioral health presentations soon tripled and quadrupled at many local area emergency rooms. The influx of individuals seeking behavioral health care through local emergency departments has strained systems in place [including law enforcement] resulting in prolonged wait times for behavioral health evaluations and extended emergency department lengths of stay for individuals requiring inpatient psychiatric hospitalization. Individuals who require acute psychiatric services often find themselves escorted by law enforcement to medical emergency departments that are unsafe and not equipped to accommodate specialized psychiatric care. These individuals often experience prolonged wait times on gurneys, chairs, or in hallways before they are

evaluated by a behavioral health clinician. The 'boarding' of individuals requiring behavioral health treatment affects wait times for all individuals seeking medical attention, not just those with behavioral health needs, and continues to impair local health systems' ability to expedite throughput and serve the broader community.

There is mounting evidence highlighting the effectiveness of Crisis Stabilization Services including Crisis Stabilization Units, Psychiatric Emergency Rooms and 24/7 behavioral health urgent care centers. The focus of these models is on timely stabilization, quick establishment of a therapeutic rapport with individuals and concise formulation of treatment plans, which allow for safe dispositions to non-acute community and outpatient services, significantly reducing 51/50 hold rates and the need for hospitalization. These environments are often Peer Supported and Recovery Model based. Crisis Stabilization Services are critical treatment lines that can help mitigate behavioral health crises and thus alleviate the demand on the State's and County's limited acute inpatient psychiatric beds. An overview of Crisis Stabilization Services will be provided including highlighting practices of some counties throughout the State.

Presenters:

- John Boyd, PsyD., Chief Administrative Officer, Sutter Center for Psychiatry; MHSOAC Commissioner
- Tim Jones, NP, Sutter Center for Psychiatry

Enclosures: None

Recommended Action: None

Handouts: A PowerPoint will be provided at the meeting

Proposed Motion: None