Overview of Crisis Stabilization Services: California

John Boyd, MHA, PsyD, FACHE
Sutter Center for Psychiatry & Sutter Solano Medical Center
Commissioner, Mental Health Services Oversight and Accountability Commission

&

Tim Jones, MSN, NP
Sutter Center for Psychiatry

February 26, 2015
Overview

- Understand Crisis Stabilization Services (CSS) function and value
- Review current state of Crisis Stabilization Services in California
- California Crisis Stabilization Services and Inpatient Psychiatric Bed Summary
- Sample of California Counties with best practice- Crisis Stabilization Services
- Recommendation
Definitions

- **Crisis Stabilization Services**
  - **Crisis Stabilization Units**
    - LPS designated outpatient psychiatric service providing screening assessment, crisis intervention and medication management strategies for individuals experiencing behavioral health crises for up to 24 hours
    - Some may require medical screening at general emergency departments
  - **Psychiatric Emergency Services**
    - Offer augmented level of crisis service by providing medical screening on site and allowing walk-ins, law enforcement and EMS drop offs 24/7
  - **Urgent Care Centers**
    - Serve as walk-in clinics for individuals with behavioral health needs
    - Voluntary clinics that typically operate with extended hours
Crisis Residential Programs

- Voluntary community-based treatment programs providing short-term placement and psychiatric support to help reduce emergency department visits and inpatient psychiatric hospitalization
- Some programs allow individuals to stay in program for up to 30 days

Crisis Respite

- Home-like settings staffed 24/7 offering a stable and supportive environment to help individuals better manage crises with a solution-oriented approach
- Participation is voluntary
- Typical programs allow individuals to stay for up to 24 hours
MHSA was foundational for the development of best practice programs, such as Crisis Stabilization Services and some counties are instituting them

SB-82 has allowed for Crisis Stabilization Services and other models to emerge & grow

- 3rd round funding applications are due to the California Health Facilities Financing Authority in March 2015

Some smaller counties continue to rely on warm lines, 24-hour crisis lines, 911 and general emergency departments to respond to behavioral health emergencies
Current State

- Peer run and supported programs are continuing to emerge and produce excellent outcomes

- General Emergency Departments are often the primary point of service for individuals experiencing a behavioral health emergency

- Quality of care in General Emergency Departments is often suboptimal and results in delays in care and long waits exceeding 72 hours are not uncommon
Current State

- Stabilization rates vary across the state
- Duration on 5150 hold rates vary throughout the state
- Inpatient psychiatric hospitalization rates vary throughout the state
- Many times where there are appropriate Crisis Stabilization Services (CSS) they are insufficient in number
- State expectations to place patients within 24 hours is not a feasible goal to meet in all cases
Current State

- Children & adolescents experiencing behavioral health crises face a more challenging plight as there is no comprehensive acute crisis service system for children across the state.

- Many times general emergency departments are the only point of service for children and adolescents when a crisis emerges.

- General emergency departments are not equipped to provide the calming and therapeutic environment needed to manage behavioral health crises.
California Summary

- Number of PES
- Number of CSU
- Total number of inpatient psych beds (adult & C/A)
- Total Crisis Residential beds
Sample of Best Practice Counties

- **Alameda**
  - Mental Health Director: Manuel Jimenez, MA, MFT

- **San Francisco**
  - Mental Health Director: Jo Robinson, MFT

- **Los Angeles**
  - Mental Health Director: Marvin Southard, DSW
A roundtable of best practice counties and providers mentioned would join MHSOAC in our March Meeting and present best practices that support the Crisis Stabilization Services continuum of care.
Questions