



# **Overview of Crisis Stabilization Services: California**

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# 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

# Definitions



## ❑ 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

# Current State



- ❑ 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
  - 3<sup>rd</sup> 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

# Recommendation



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

