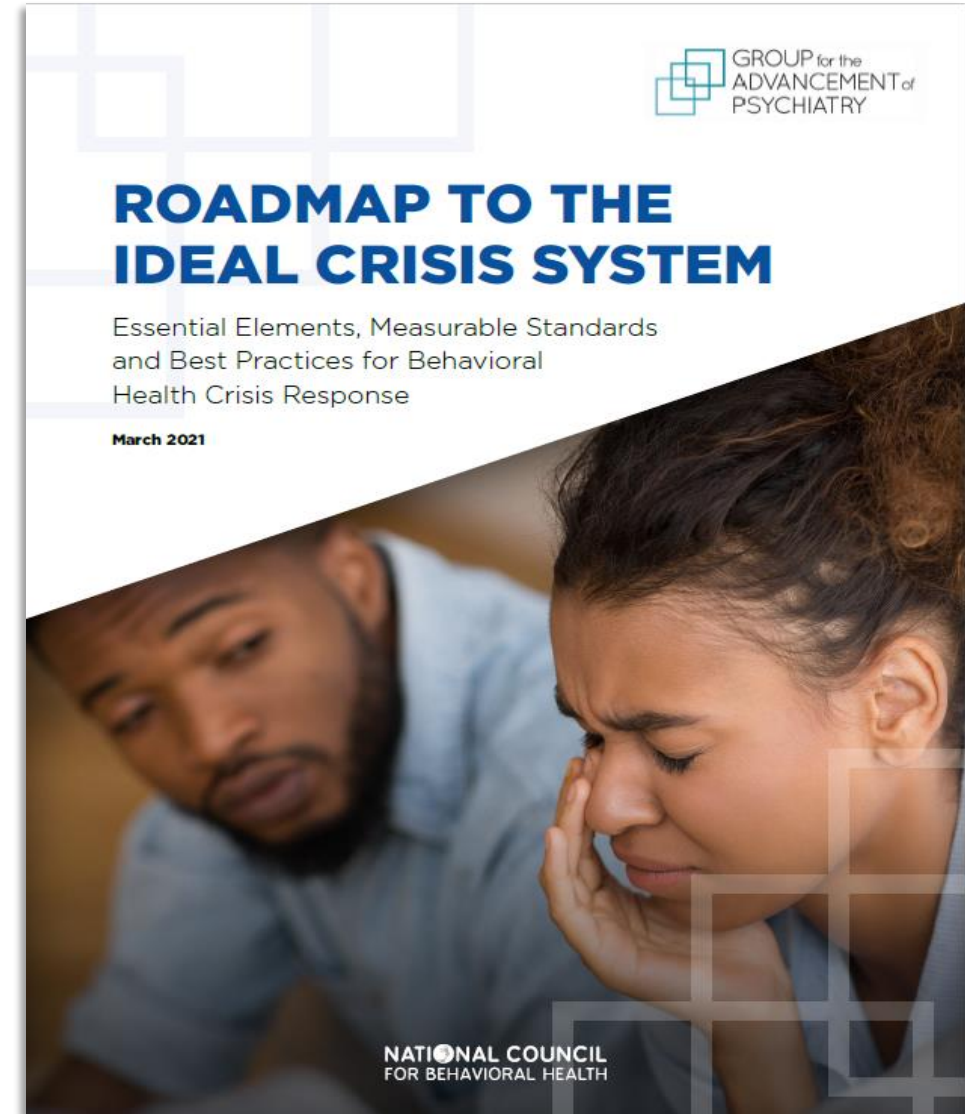# 988 Crisis Services

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A report of the Committee on Psychiatry and the Community for the Group for the Advancement of Psychiatry

Jacqueline Maus Feldman, MD co-chair
Ken Minkoff, MD co-chair

GROUP for the ADVANCEMENT of PSYCHIATRY

Published by the National Council for Behavioral Health

ROADMAP TO THE IDEAL CRISIS SYSTEM

Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response

March 2021

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

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Accountability And Finance

An ideal behavioral health crisis system must have both a mechanism to finance and implement a comprehensive continuum of crisis services and a mechanism to ensure oversight, accountability, and quality of the performance of that continuum.

This section defines the concept of an Accountable Entity, which is a structure and a mechanism for allocating responsibility and accountability that holds the behavioral health crisis system accountable to the community for meeting performance standards and the needs of the population. There are numerous different models of these structures.

FINANCING

ELIGIBILITY (ALL-PAYER)

GEOGRAPHIC ACCESS AND NETWORK ADEQUACY

QUALITY METRICS

PERFORMANCE INCENTIVES

FLOW AND THROUGHPUT

COMPREHENSIVE CLIENT TRACKING DATA SYSTEM

FORMAL ASSESSMENT OF CUSTOMER SATISFACTION

STANDARDIZED UTILIZATION MANAGEMENT AND LEVEL OF CARE DETERMINATION

RELATIONSHIP TO THE REST OF THE SERVICE SYSTEM

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Crisis Continuum: Basic Array Of Capacities And Services

An ideal behavioral health crisis system has:

- comprehensive array of service capacities

- a continuum of service components

- adequate multi-disciplinary staffing to meet the needs of all segments of the population

OVERALL DESIGN ELEMENTS

ELEMENTS OF THE CONTINUUM (see inset below)

POPULATION CAPACITIES

STAFFING CAPACITY

SERVICE COMPONENTS

Elements Of The Continuum

Crisis Center or Crisis Hub	Intensive Community-based Continuing Crisis Intervention
Call Centers and Crisis Lines	23-hour Evaluation and Extended Observation
Deployed Crisis-trained Police and First Responders	Residential Crisis Program Continuum
Medical Triage and Screening	Role of Hospitals in Crisis Services
Mobile Crisis	Transportation and Transport
Behavioral Health Urgent Care	

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Basic Clinical Practice

An ideal behavioral health crisis system has guidelines for utilization of the best clinical practices for crisis intervention with associated processes for practice improvement and developing workforce competency.

CORE COMPETENCIES FOR ENGAGEMENT, ASSESSMENT AND INTERVENTION

POPULATION-SPECIFIC CLINICAL BEST PRACTICES

SCREENING AND INTERVENTION TO PROMOTE SAFETY

COLLABORATION, COORDINATION AND CONTINUITY OF CARE

PRACTICE GUIDELINES FOR INTERVENTION AND TREATMENT

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Quality Measurement in Crisis Services

Quality Measurement in CRISIS SERVICES

I. Introduction

Mental health crisis systems are becoming increasingly sophisticated and multimodal as localities invest in addressing issues such as emergency department boarding, unnecessary law enforcement involvement in responses to non-criminal health care crises, and inadequate and inequitable access to mental health care services. Crisis systems often share the goals of providing rapid access

https://www.thenationalcouncil.org/wp-content/uploads/2023/01/23.01.13_Quality-Measurement-in-Crisis-Services.pdf

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Quality Measurement in Crisis Services

IV. How to Select Crisis System Metrics

Given that every system is different and has its own values, and because crisis systems involve multiple systems and stakeholders, it is essential to begin by developing consensus in defining the system's values and desired outcomes. A useful process for building consensus follows:
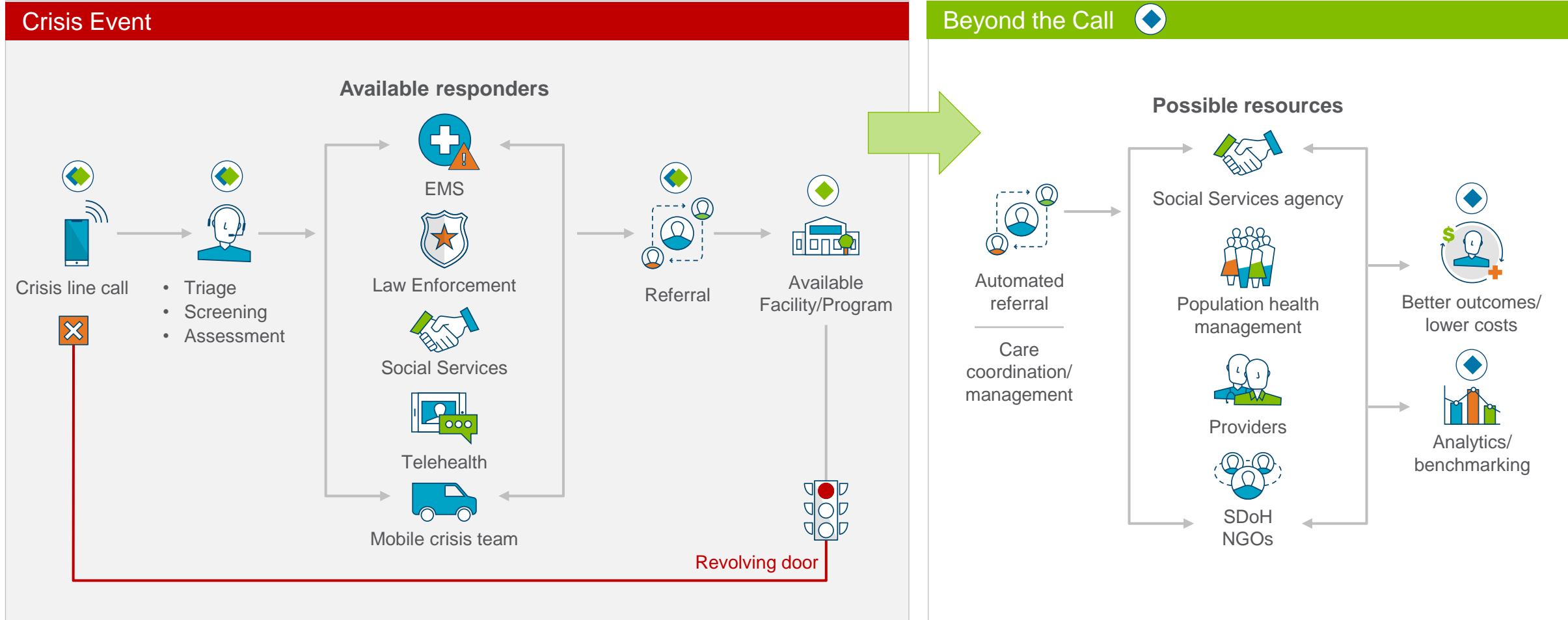
- Convene a stakeholder group composed of all users (providers, payers, service users and their families, law enforcement, emergency medical services, hospital systems, crisis workers, call center leads, mental health system leads).

- Define and memorialize the system's values, goals and intended results. These will serve as a foundation and framework for the system's definition of quality benchmarks.

- Determine component pieces of the system.

- Determine optimal operational flow through the system. (Logic models can be very effective here.)

- Assess current gaps. (Process maps, such as Ishikawa charts, also called fishbone diagrams, can be very helpful in this regard.)

- Define success and agree on how it is to be measured. Goals and intended results should be specific, measurable, actionable, realistic and time-bound (SMART).

https://www.thenationalcouncil.org/wp-content/uploads/2023/01/23.01.13_Quality-Measurement-in-Crisis-Services.pdf
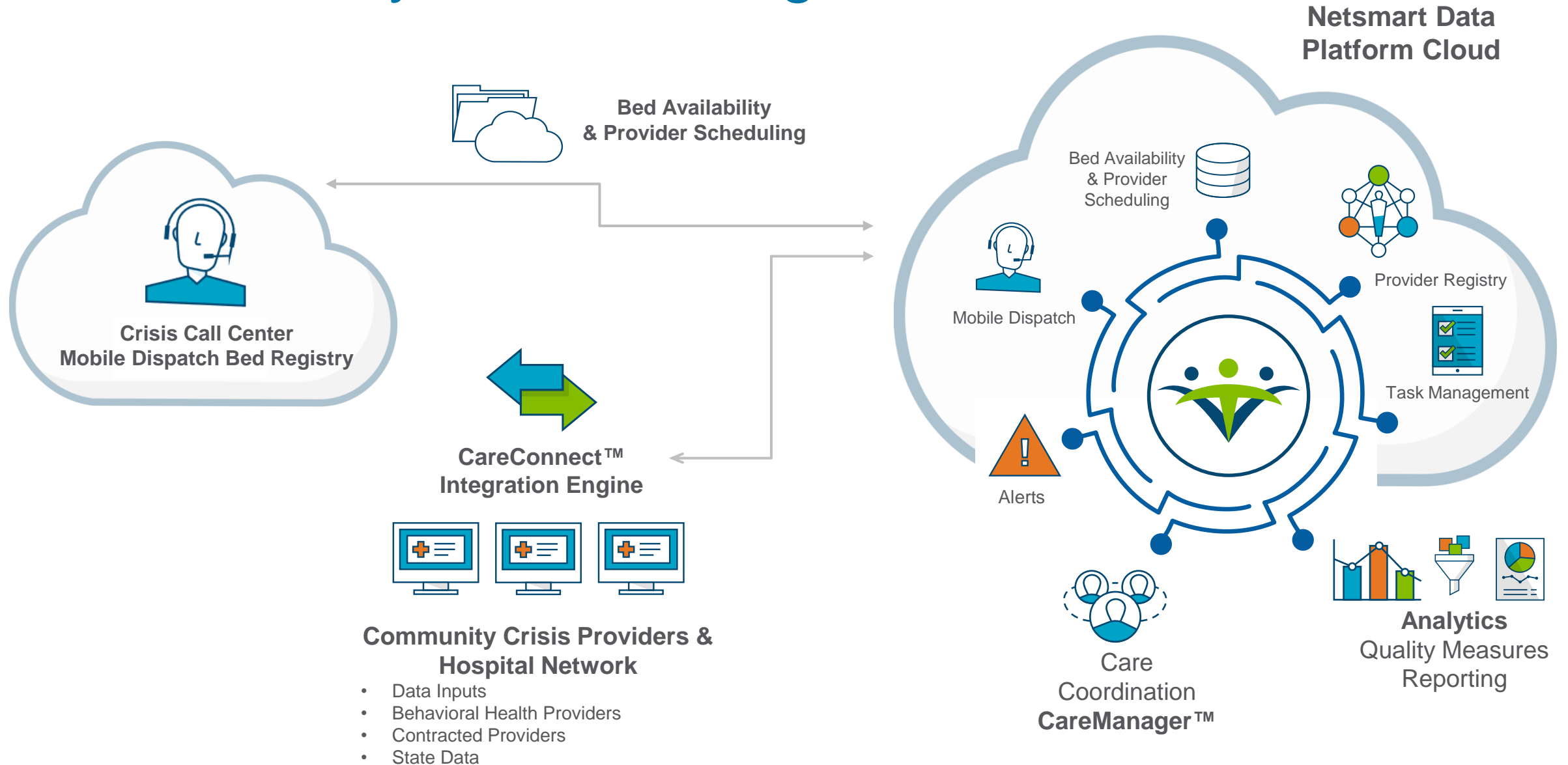
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988 Workflow Needs

Supporting Whole-person Care through Crisis
Seamless Care Transitions

Crisis Event

Available responders

Crisis line call

- Triage
- Screening
- Assessment

EMS

Law Enforcement

Social Services

Telehealth

Mobile crisis team

Referral

Available Facility/Program

Revolving door

Beyond the Call

Possible resources

Automated referral

Care coordination/ management

Social Services agency

Population health management

Providers

SDoH NGOs

Better outcomes/ lower costs

Analytics/ benchmarking

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State/County Crisis Management Platform

Netsmart Data Platform Cloud

Bed Availability & Provider Scheduling

Crisis Call Center Mobile Dispatch Bed Registry

CareConnect™ Integration Engine

Community Crisis Providers & Hospital Network
- Data Inputs
- Behavioral Health Providers
- Contracted Providers
- State Data

Bed Availability & Provider Scheduling

Mobile Dispatch

Provider Registry

Task Management

Alerts

Care Coordination **CareManager™**

Analytics Quality Measures Reporting

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Beyond the Call

Population-Based Care Management

Gaps in care monitoring at the individual level

Real-time alerting

🔔 **Alerts**

0	Arrest
0	Jail Discharge
0	Mental Health Assessment Needed
8	ER Visit
3	Hospitalization
1	Declining Mood Alert
6	Potential Gap in Care/Other Health Factor

Risk stratification and caseload management

Name	Risk
Albright, Austin DOB: 02/20/2001 Client ID: 175 📶 Chart ☰ Notes	🔴⬆
Anderson, Paula DOB: 02/11/1950 Client ID: 161 📶 Chart ☰ Notes	🟡⬆
Anderson, Tom DOB: 07/01/1971 Client ID: 101 📶 Chart ☰ Notes	🔴⬆

Task management

✅ **Tasks**

Filter by: All My Tasks   Status: All Open Status

☐	Due Date ⇕	Task Name/Description
☐	04/10/2022	Follow up with Bill on Jail Diversion
☐	04/11/2022	Contact client to ensure he has meds.
☐	04/12/2022	Medication Review
☐	04/14/2022	Enroll Jacob in Peer to Peer program once opening confirmed
☐	04/17/2022	Complete Eligibility Information
☐	04/19/2022	Follow up on referral to Dr. Hiett's office
☐	04/19/2022	Referral for Food Insecurity

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Agency Views: Actionable Alerts and Tasks

Available Views: Call Tracking

Crisis - Responsive Time

Call Team Activity Summary

Staff Name	Call -> Responder
MARKS,NATALIYA W	49 minutes(s)
WILSON,OLGA R	38 minutes(s)
WHITE,GRETA E	37 minutes(s)
AVERY,THELMA H	34 minutes(s)
ZUBIK,WILMA E	32 minutes(s)
ZIMMERMAN,BRENDA E	30 minutes(s)
JONES,AGNES G	30 minutes(s)
ULMAN,TARA G	30 minutes(s)

Staff Name
- ADAM,ALICE J
- ADAM,CHELSEA G
- ADAM,JUANITA O
- ADAM,JUANITA V
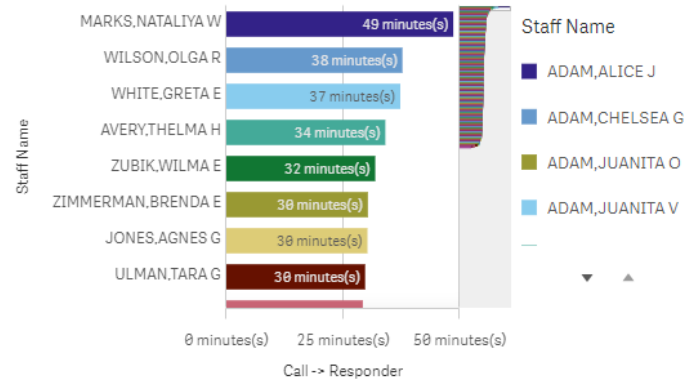
Responder Team Activity Summary

Staff Name	Responder -> Assessment
NOODLEMAN,JOCELY...	353 minutes(s)
VONNEGUT,ALICE M	318 minutes(s)
VANZETTI,LIZA U	314 minutes(s)
BUKOWSKI,AMANDA F	280 minutes(s)
HILLS,LYDIA W	251 minutes(s)
ULMAN,TARA G	244 minutes(s)
SCHAEFER,JUANITA Y	244 minutes(s)
ANDERSON,ANGELA Y	241 minutes(s)

Staff Name
- ADAM,ALICE J
- ADAM,CHELSEA G
- ADAM,JUANITA O
- ADAM,JUANITA V
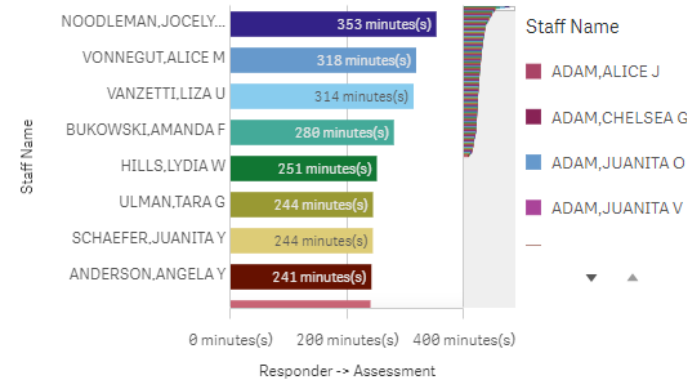
Admission Program

Assessments Status

Status

Late
Missing 6.1%
Finalized 24.3% 60.0%
Document Co...

Status
- Document Completed
- Finalized
- Missing
- Late
- Draft
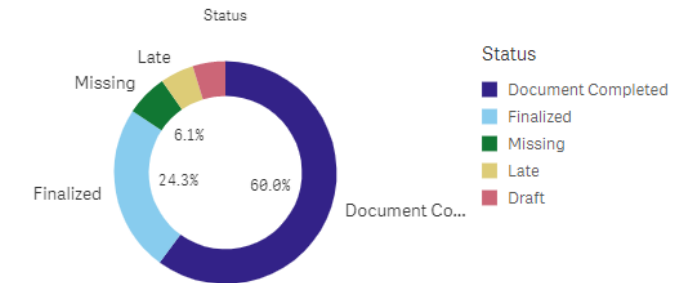
Time to Activities

| Staff Name	Call -> Answer	Answer-> Responder	Responder -> Transit	Transit-> Assessment	Call Count
Totals	**2 minutes(s)**	**22 minutes(s)**	**45 minutes(s)**	**81 minutes(s)**	**723,564**
WILSON,OLGA R	22 minutes(s)	16 minutes(s)	61 minutes(s)	-	16
WHITE,GRETA E	17 minutes(s)	21 minutes(s)	-	-	34
ZIMMERMAN,BRE... E	9 minutes(s)	21 minutes(s)	18 minutes(s)	-	380
DELILLO,FILOMENA D	8 minutes(s)	6 minutes(s)	-	-	69
IRONHORSE,KYRA J	8 minutes(s)	17 minutes(s)	33 minutes(s)	104 minutes(s)	257
BRAAM,BRENDA C	8 minutes(s)	15 minutes(s)	42 minutes(s)	63 minutes(s)	9,106
OLSEN,JUANITA Q	7 minutes(s)	16 minutes(s)	21 minutes(s)	79 minutes(s)	12
PAGE,NATASHA M	7 minutes(s)	18 minutes(s)	54 minutes(s)	63 minutes(s)	1,874
YAKULIS,KIM K	7 minutes(s)	10 minutes(s)	22 minutes(s)	-	107
UHLES,FILOMENA I	7 minutes(s)	17 minutes(s)	5 minutes(s)	37 minutes(s)	5
WILLIAMS,PHYLLIS Y	6 minutes(s)	18 minutes(s)	92 minutes(s)	139 minutes(s)	775

Call Volume
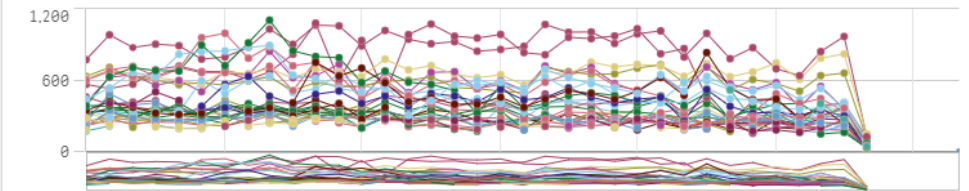
Response Volume
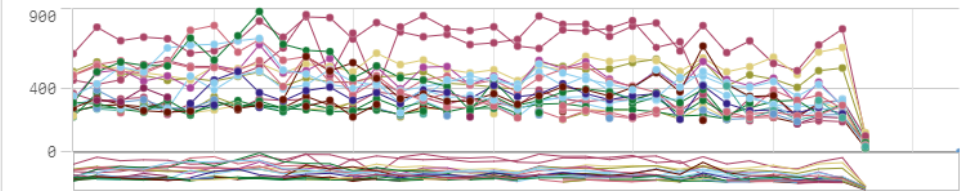
Available Views: Population Insights
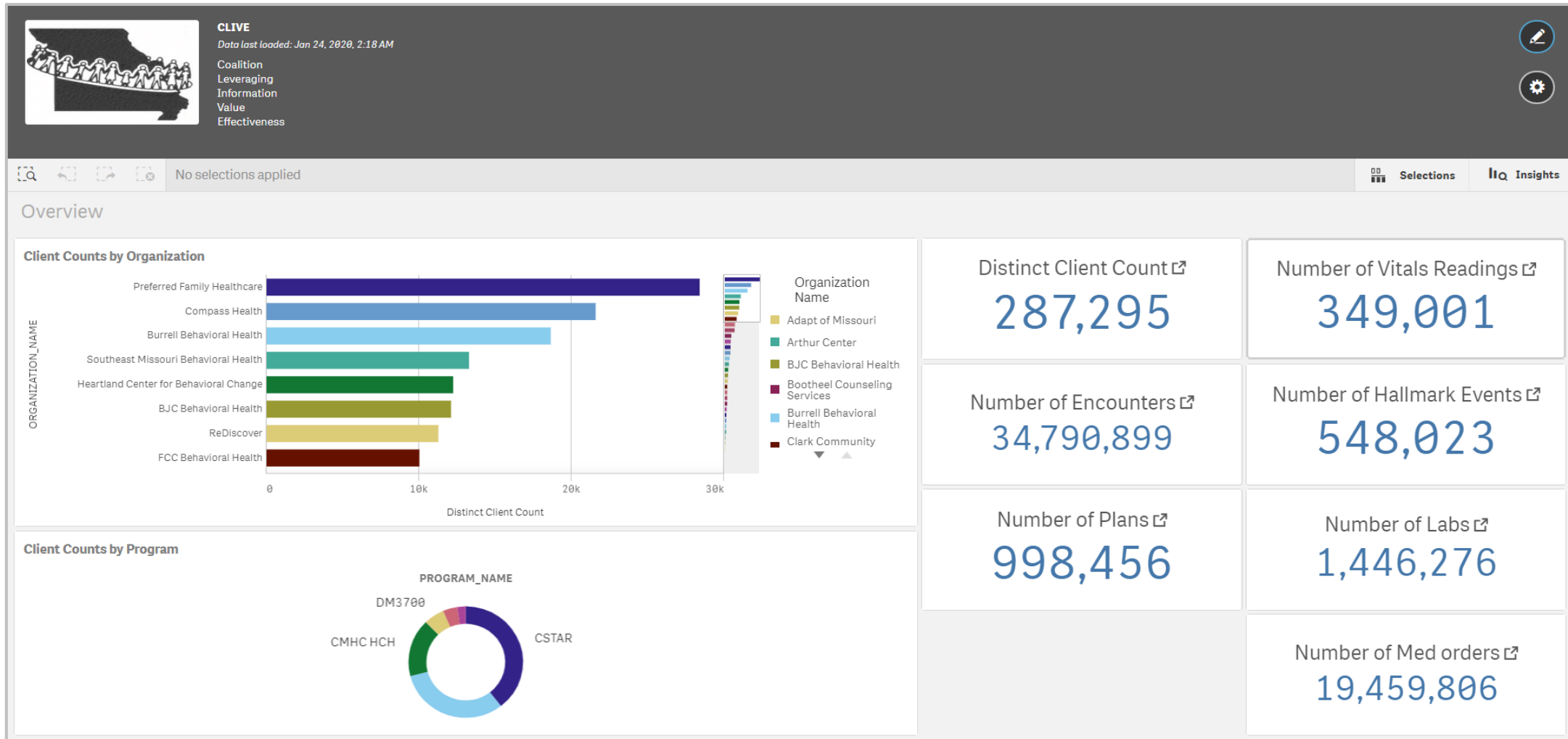
Mobile Crisis

# Enabling Providers Anywhere

Mobile Dispatch
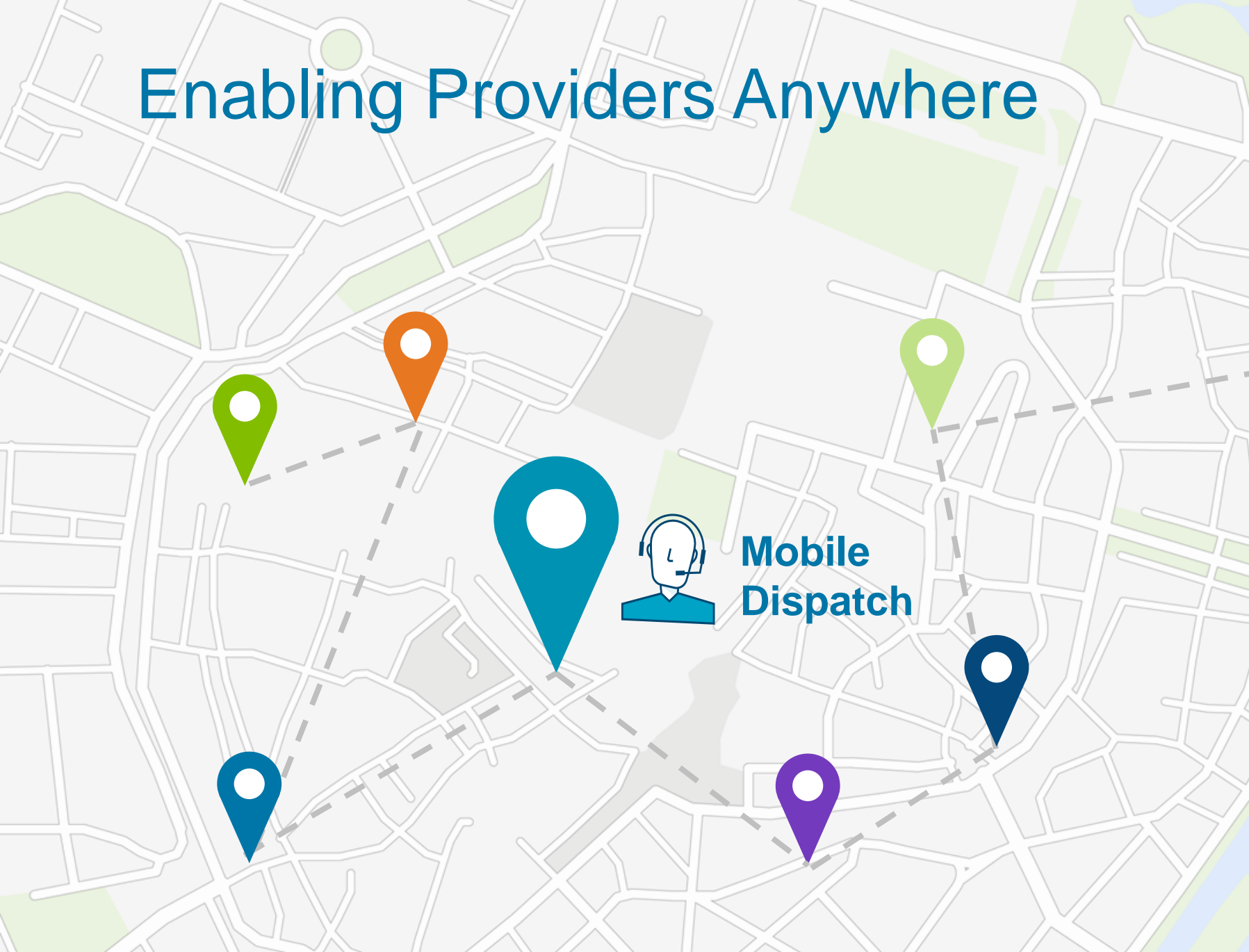
- Provides visibility into all providers in the field including availability

- De-escalates crisis needs by intervention

- Tracks all inbound calls

- If a resource needs to be dispatched

- Finds the nearest available resource

- Secure texting to providers in the field

- Improves speed to care

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Mobile Dispatch

Call Center Management

- Multiple views to manage based on locations, queues, management, etc.

- Action inbound calls directly with providers in the community
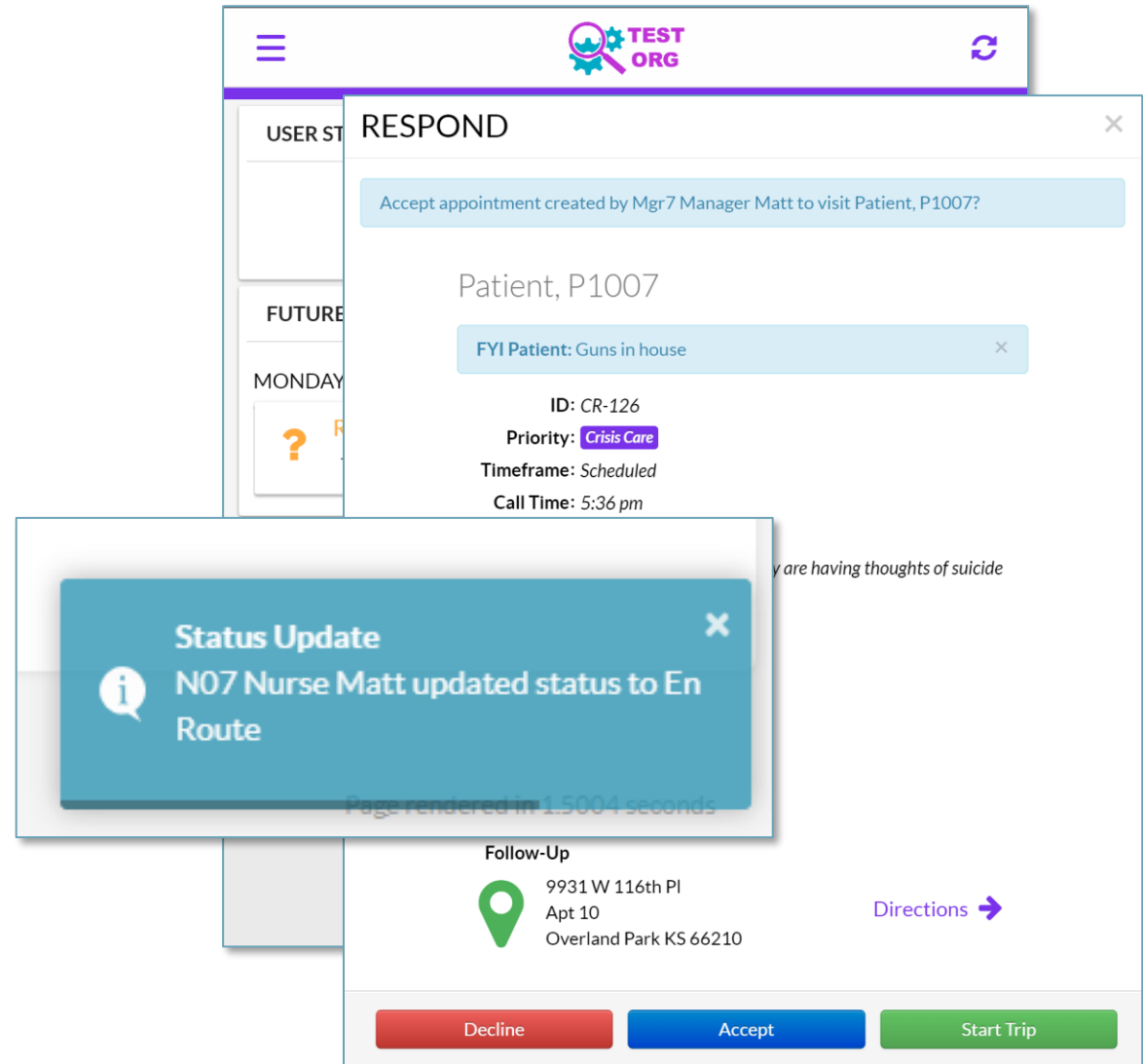
- Reduce the speed to care

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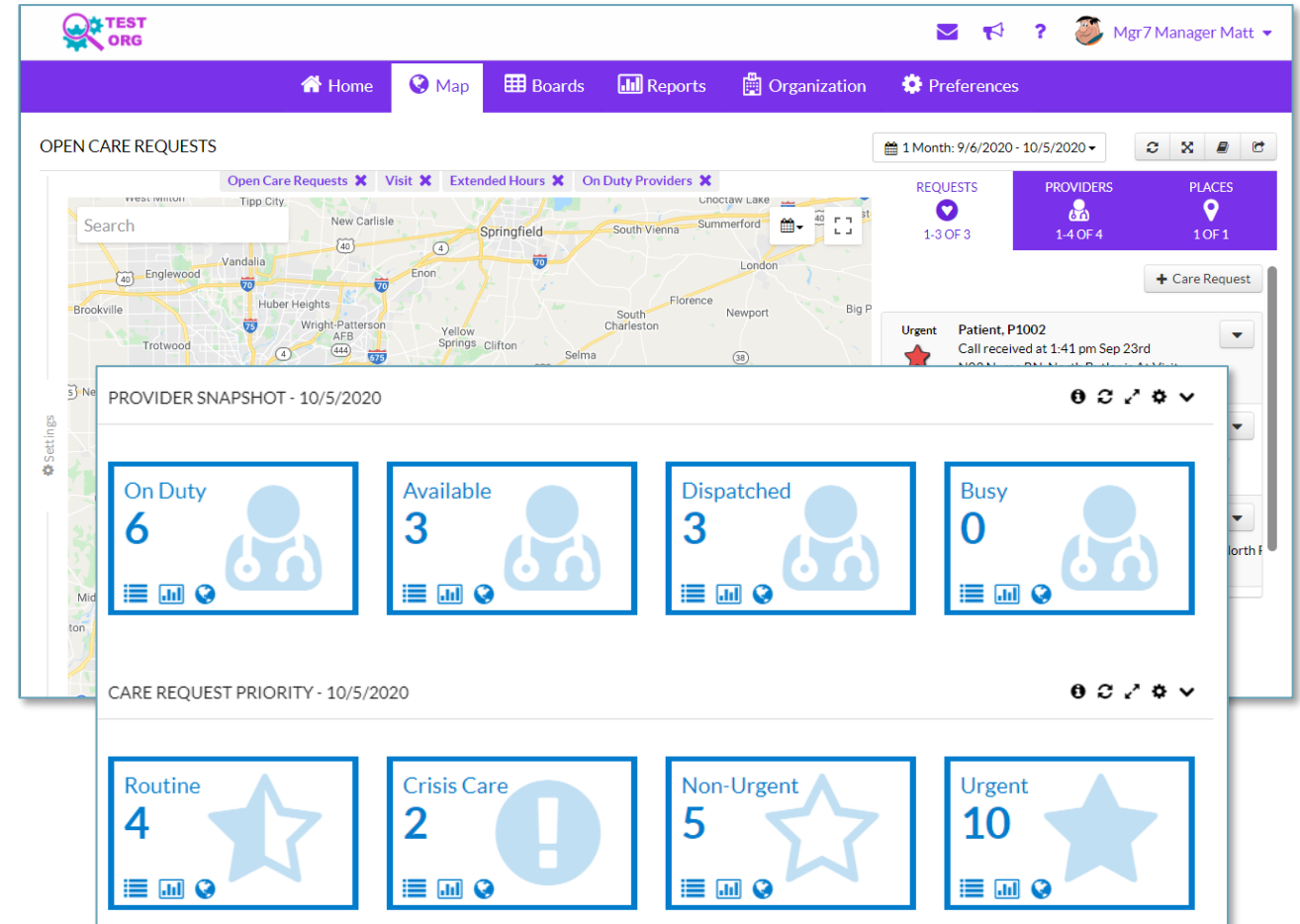
Logging Calls

- Simple interface to log new inbound calls

- Call center can view the status of providers in real time

- Assign providers to new cases

- Communicate directly with the provider through secure messages

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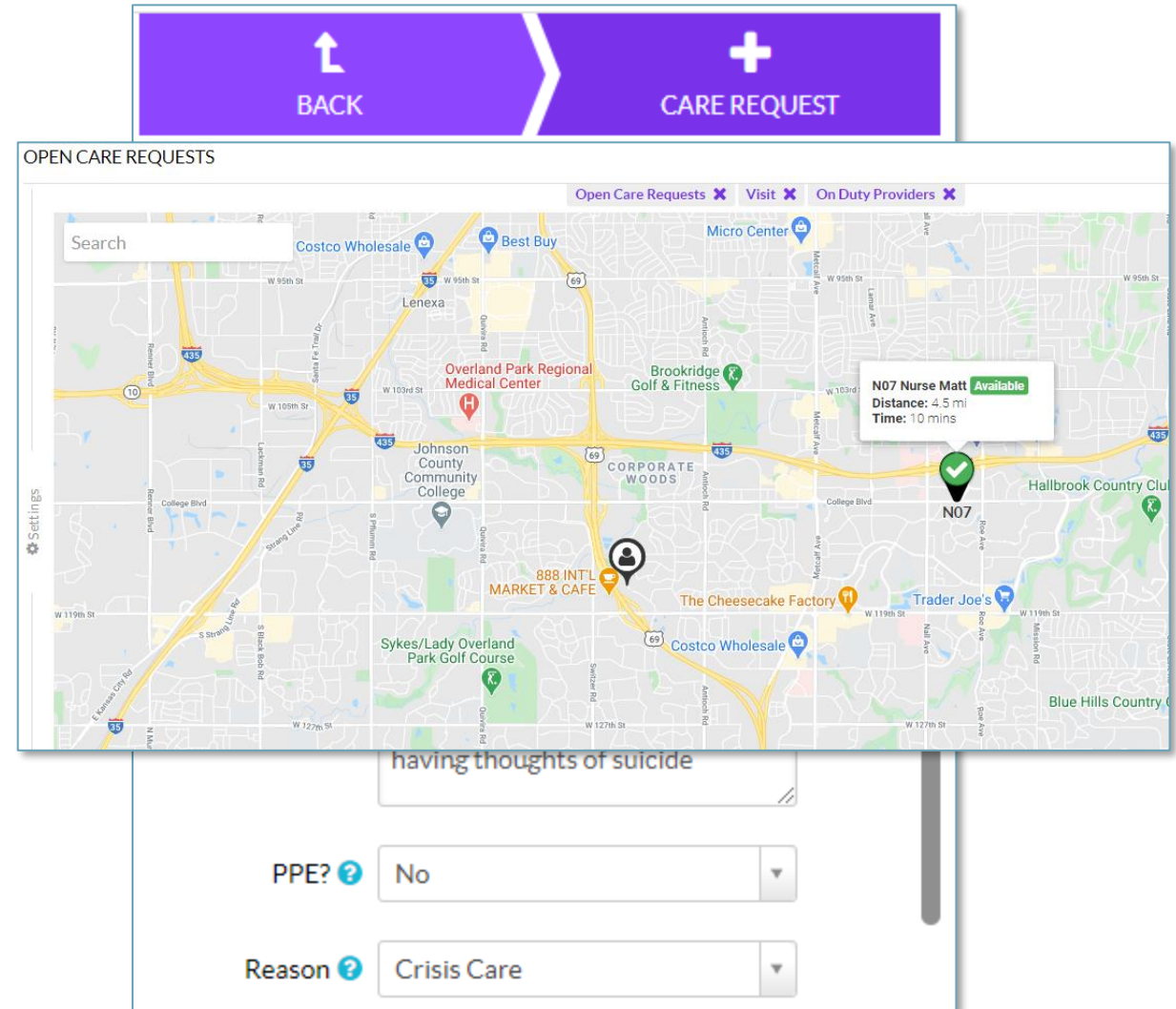
Mobile Provider

- Providers in the field can receive notifications of new requests

- Review call details and quickly respond to the request

- Call center receives notifications from providers in the community

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Questions?

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