

# Wake County Behavioral Health Planning Summit

## Crisis Services

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# Crisis Services

## What is included

### For Summit

- Admission to a hospital emergency department or inpatient psychiatric hospital
- Admission to crisis assessment, facility-based detox or crisis facility
- Admission to any inpatient psychiatric hospital
- Mobile Crisis
- EMS response to mental health crisis
- Behavioral Health Urgent Care
- Behavioral Health ER
- RPD/Social Worker response team
- Crisis Call Center/988



# Behavioral Health Summit 2017

- Expand adult crisis assessment service capacity and add additional locations
- Add adult facility-based crisis beds
- Expand Geriatric crisis assessment services
- Develop a walk-in behavioral health urgent care service
- Create respite (step-down) for individuals exiting health care facilities
- Improve mobile crisis service model
- Increase size of psychiatric inpatient capacity
- Develop a Behavioral Emergency Room
- Implement an education campaign to improve awareness of how to access crisis services



# Wake County Behavioral Health Plan

## Goals 2019-2020

- Expand capacity of adult crisis assessment service; add additional locations
- Develop a behavioral health urgent care service
- Increase psychiatric inpatient capacity
- Increase community outpatient service capacity or alternative to crisis services
- Enhance communication among first responders and crisis service providers
- Reduce the number of involuntary commitment (IVCs)

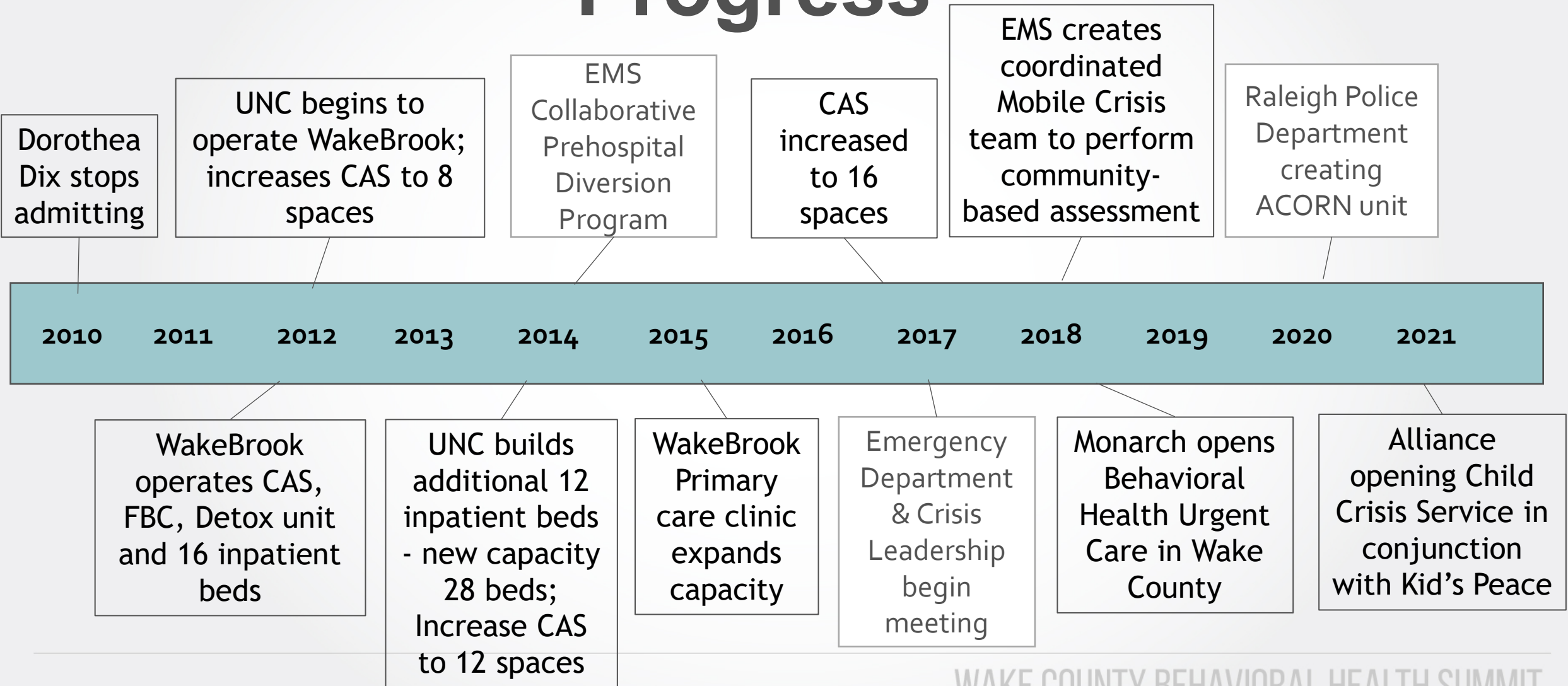


# Wake County Behavioral Health Plan Objectives 2019-2020

- Set performance baselines and measure crisis system impact
- Quantify the need for additional psychiatric hospital beds and crisis assessment centers
- Pilot test program modeled after team in Austin Texas
- Expand funding for Partial Hospital Program designed to reduce LOS in inpatient setting
- Evaluate with Alliance opportunities for additional adult facility crisis beds
- Work with Alliance to update CIT materials
- Review the impact on new crisis programs



# Crisis Services in Wake County Progress



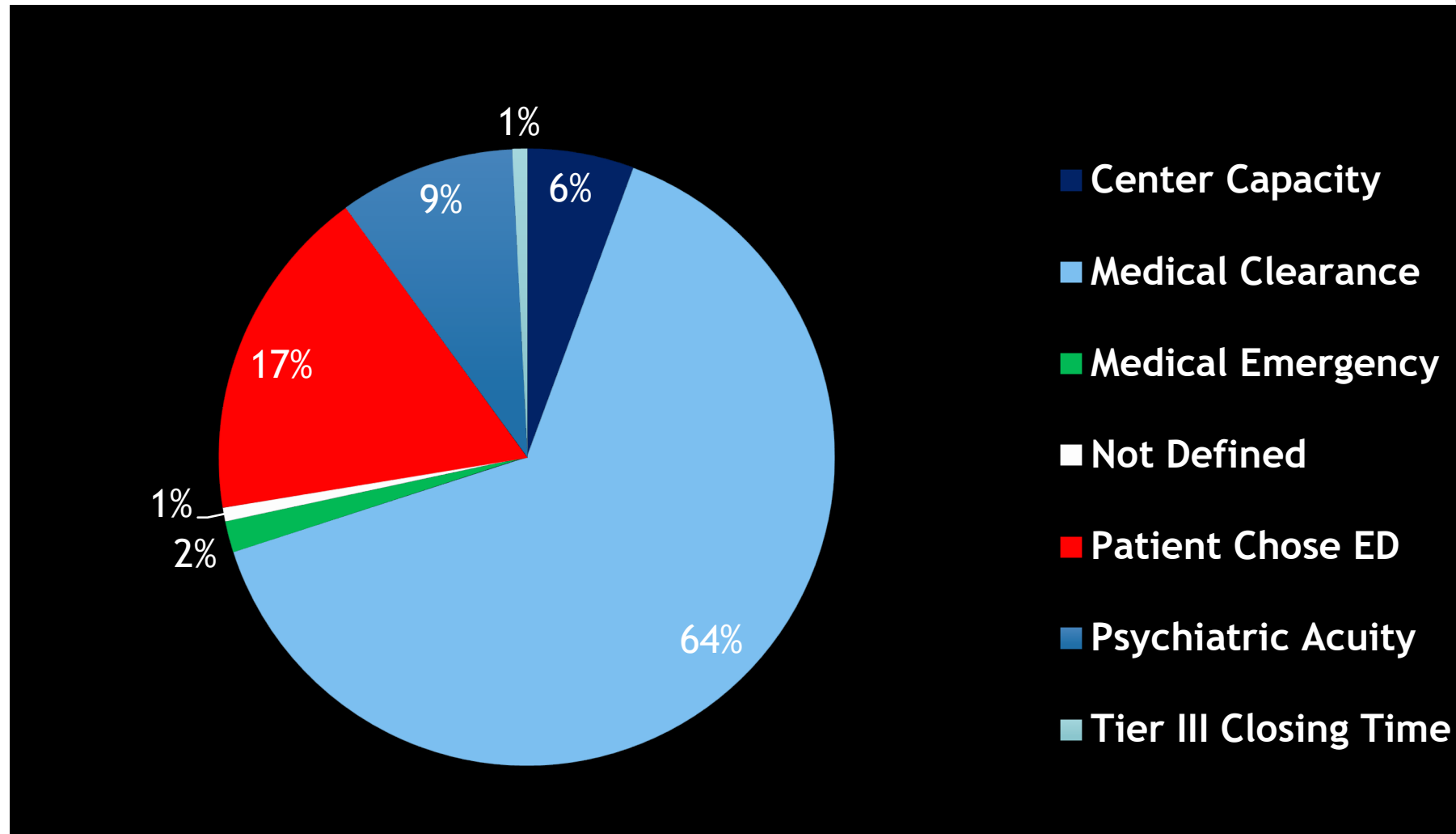


# Crisis Information - The Need

- WakeBrook (July 2019-June 2020)
  - Crisis Assessment Service (CAS) 6750 (563 ave per month)
  - In Patient Unit (IPU) 691
  - Addiction Detox Unit (ADU) 956
  - Facility Based Crisis (FBC) 689
- ER Behavioral Health
  - Wake Med: average of 740 people per month with primary BH/SU issue
  - Rex: Psychiatry consults to ED 100 per month (underestimate as there are many more people who present to the ED with no consult)
- EMS (July 2019-June 2020)
  - Total EMS calls--3605
    - 680 linked to mobile crisis
  - Continued with EMS--2925
    - 550 alternative destination
    - 1636 ED
    - 739 no transport



# EMS-Reason for ED Transport





# Crisis Information - The Need

- Monarch Behavioral Health Urgent Care - For lower intensity urgent needs
- Raleigh Police Department calls
  - Calls related to behavioral health CY2020
    - Total calls - 5521
    - Calls with suicidal ideation - 1153
    - Completed suicides - 27
    - Overdose calls - 995
    - Commitments with violent person - 269
    - Commitments with no mention of violence - 1283
    - IVC papers only - 1494



# Crisis Information - The Need

- Impact of Enhanced/Integrated Primary Care Clinic
  - Internal Data
    - Improved quality of care
    - After initial increase in ED visits (first year) there was a significant decrease at year 2
  - Sheps Center Data (18 month study)
    - Confirmed improved quality of care
    - Decreased number of inpatient medical days
    - When medical stay required shorter length of stay
    - No increase in ED visits



# Crisis System in a Medicaid Expansion State-Tucson Arizona

- Tucson Arizona: Population 530,000; Pima County 1 million
- Collaboration with centralized communication and time to implement full continuum. Planning started in 2000 with implementation continuing
- Crisis Continuum:
  - Crisis line
  - Multiple Mobile Crisis team leading to 30 min response for calls from 1<sup>st</sup> responders and 60 minutes for routine
  - Crisis facility: Built 2011; The services
    - 24/7 urgent care clinic
    - 23 hour observation unit—34 adult spaces and 10 youth
    - Subacute inpatient unit
    - Rich staff of all disciplines
  - Post-Crisis Wraparound services
    - 1<sup>st</sup> level of post crisis wraparound service house in crisis facility



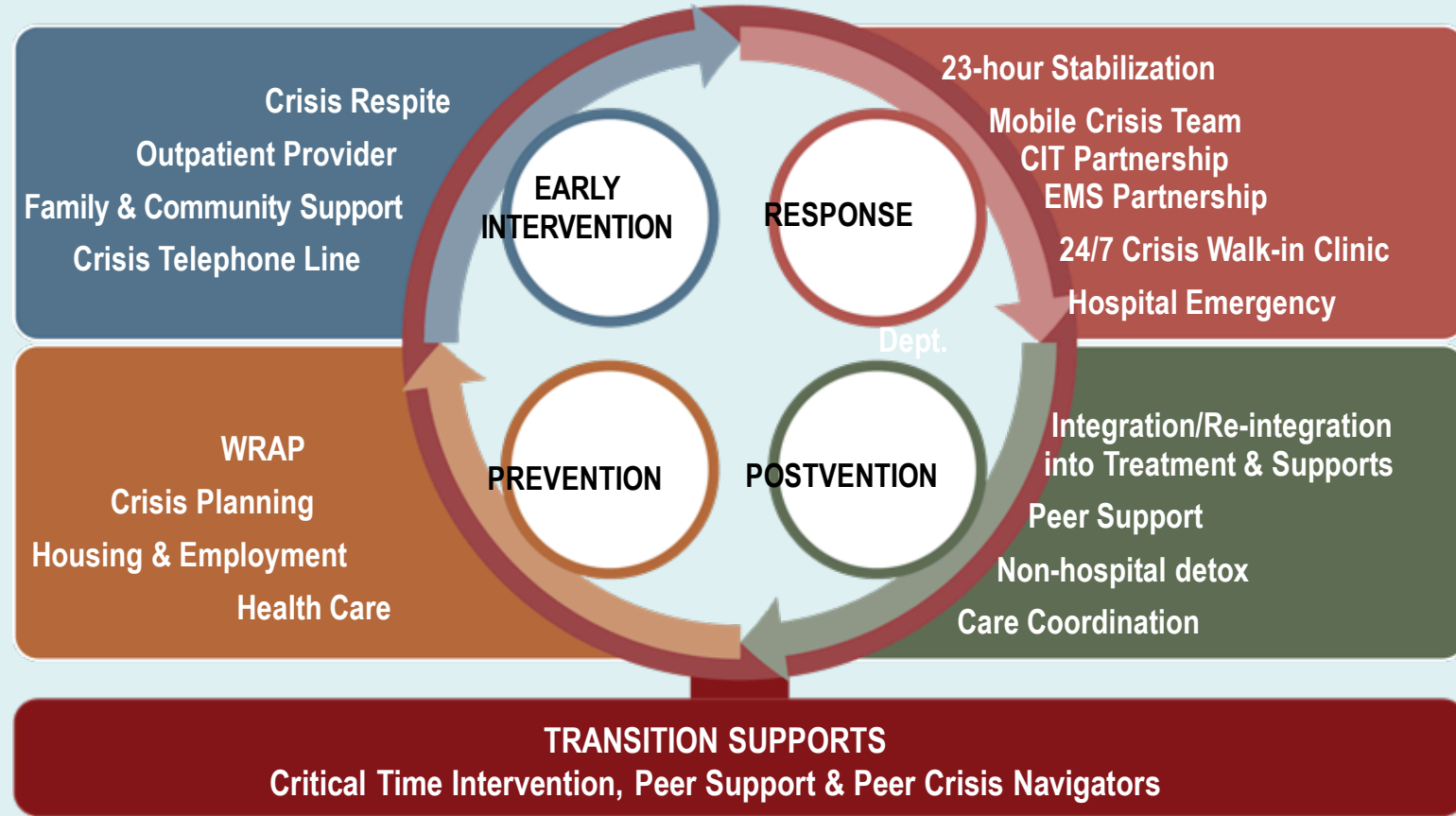
# SYSTEM vs. Services

A crisis system is **more than a collection of services.**

Crisis services must all **work together** as a coordinated system to achieve **common goals.**

And be **more than the sum of its parts.**

A crisis system needs a robust **continuum of services** to meet the needs of people in various stages of crisis.



*Adapted from: Richard McKeon (Chief, Suicide Prevention Branch, SAMHSA). Supercharge Crisis Services, National Council for Behavioral Health Annual Conference, 2015.*



## Crisis Services Proposed Initiatives for Discussion and Prioritization

Ensure a robust continuum of crisis services	
A	Expand adult crisis assessment services capacity and add additional locations.
B	Increase programs for youth in crisis.
C	Expand geriatric crisis assessment services.
D	Prepare for 988 suicide crisis line becoming operational in 2022.
E	Create respite program (step-down) for individuals exiting healthcare facilities.
F	Expand mobile crisis service model in coordination with law enforcement and ensure coordination between the various mobile crisis programs, EMS, LEO and direct calls to mobile crisis
G	Increase size of psychiatric inpatient capacity.
H	Develop a behavioral health emergency department.
I	Expand education to improve awareness of how to access crisis services.
J	Provide for initiation of medication assisted substance use disorder treatment in hospital emergency departments.
K	Add telehealth as a means to access crisis services and WakeBrook Crisis Assessment Services.