

988 – Building the Ideal Crisis System of Care

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Current Approach Isn't Working

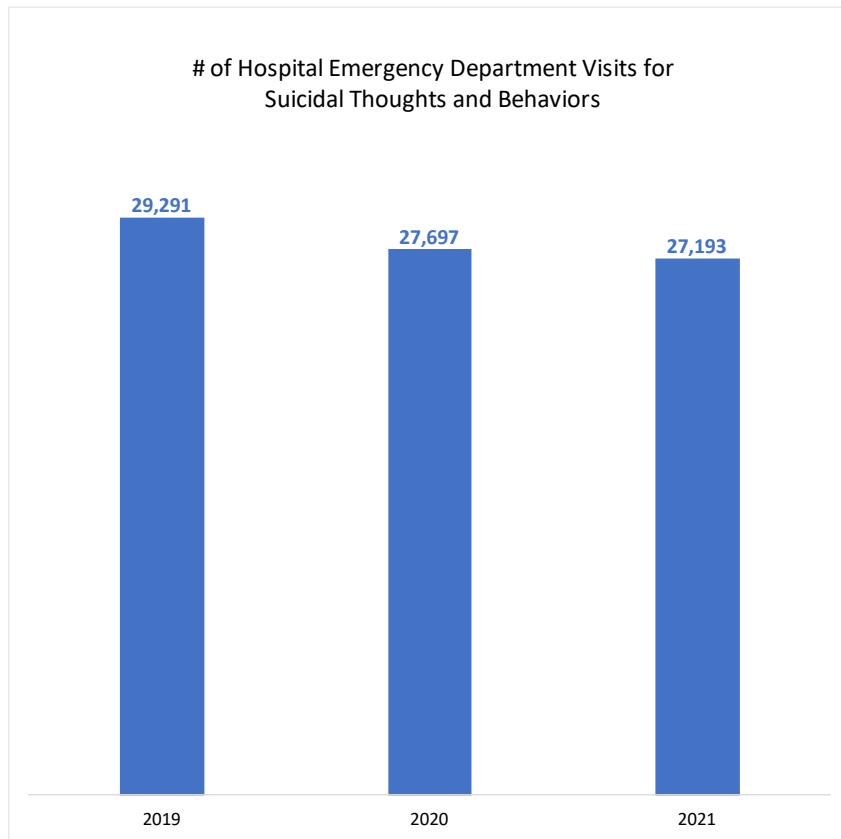
Emergency responders have 2 choices currently – ER or jail

High cost and not always the most effective intervention – revolving door; familiar faces; 1 in 5 people die after visiting an ED for a suicide attempt; 63% have seen PCP in last 30 days

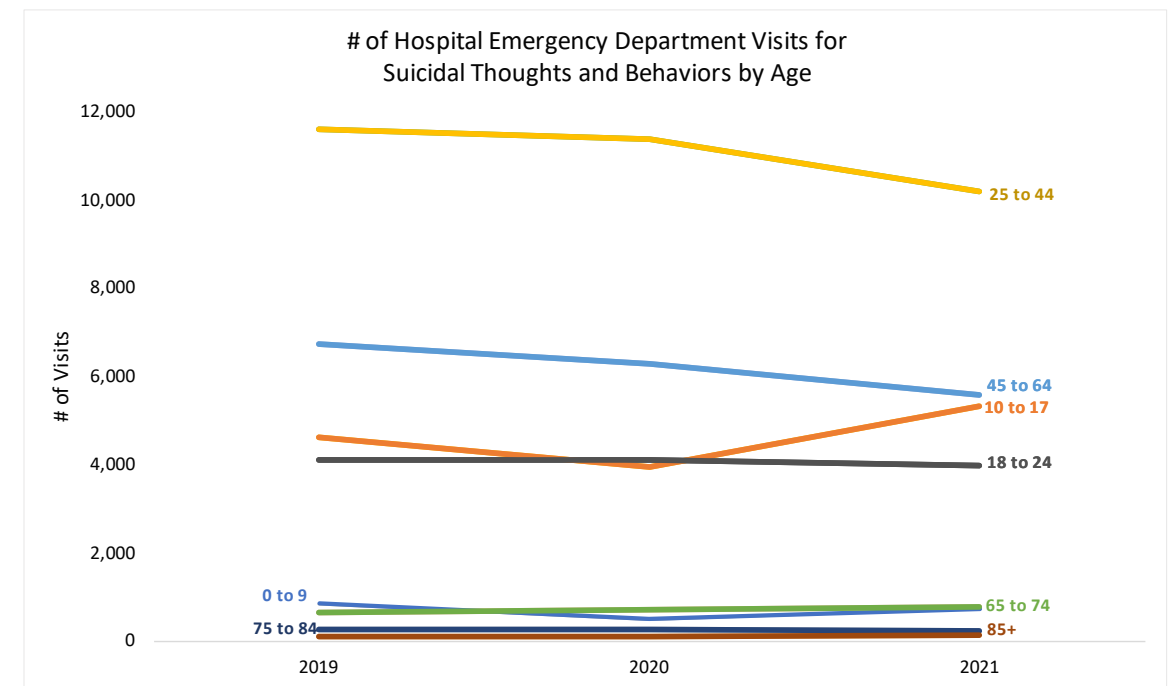
While MO overall had decreases in both BH hospitalizations (20%) and ED (36%) rates for BH concerns over the last 3 yrs; there has been an increase for our youth

Essence System - Hospital ED Data

of Hospital Emergency Department Visits for Suicidal Thoughts and Behaviors



of Hospital Emergency Department Visits for Suicidal Thoughts and Behaviors by Age



No-Wrong-Door Integrated Crisis System



Someone to Talk to: 988

3-digit national number for **all mental health, suicide, and substance use crises**



- 2018 – National Suicide Hotline Improvement Act
- 2020 – FCC designated 988 as the 3-digit number
- 2021 – FCC voted unanimously to allow for texting to 988
- 2022 – The 1-800 National Suicide Prevention Lifeline number will transition to 988 on July 16th, 2022

The Purpose of 988

- Connect individuals in crisis with a mental health professional to address immediate needs
- Assure 24/7 availability and rapid access to crisis services via call, chat, or text
- Reduce health care spending with more cost-effective early intervention
- Reduce use of law enforcement, public health, and other safety resources



988 Call Volume

- In the first year of implementation, Missouri is expected to receive approximately **253,000 calls**
 - In 2020, Missouri received 40,021 NSPL calls
- A **highly conservative** cost estimate for calls alone is over **\$16 million for the first year**
 - This does not include text, chat, follow-up contacts, or response via mobile crisis teams
- With strong, well-supported crisis services in place, many Missourians in crisis will be reached and supported



Missouri's 988 Model



7 centers to handle all 988 contacts
(calls, texts, chats, and follow-up)

6 centers answering 988 calls

1 center answering 988 texts and chats
(DeafLEAD)

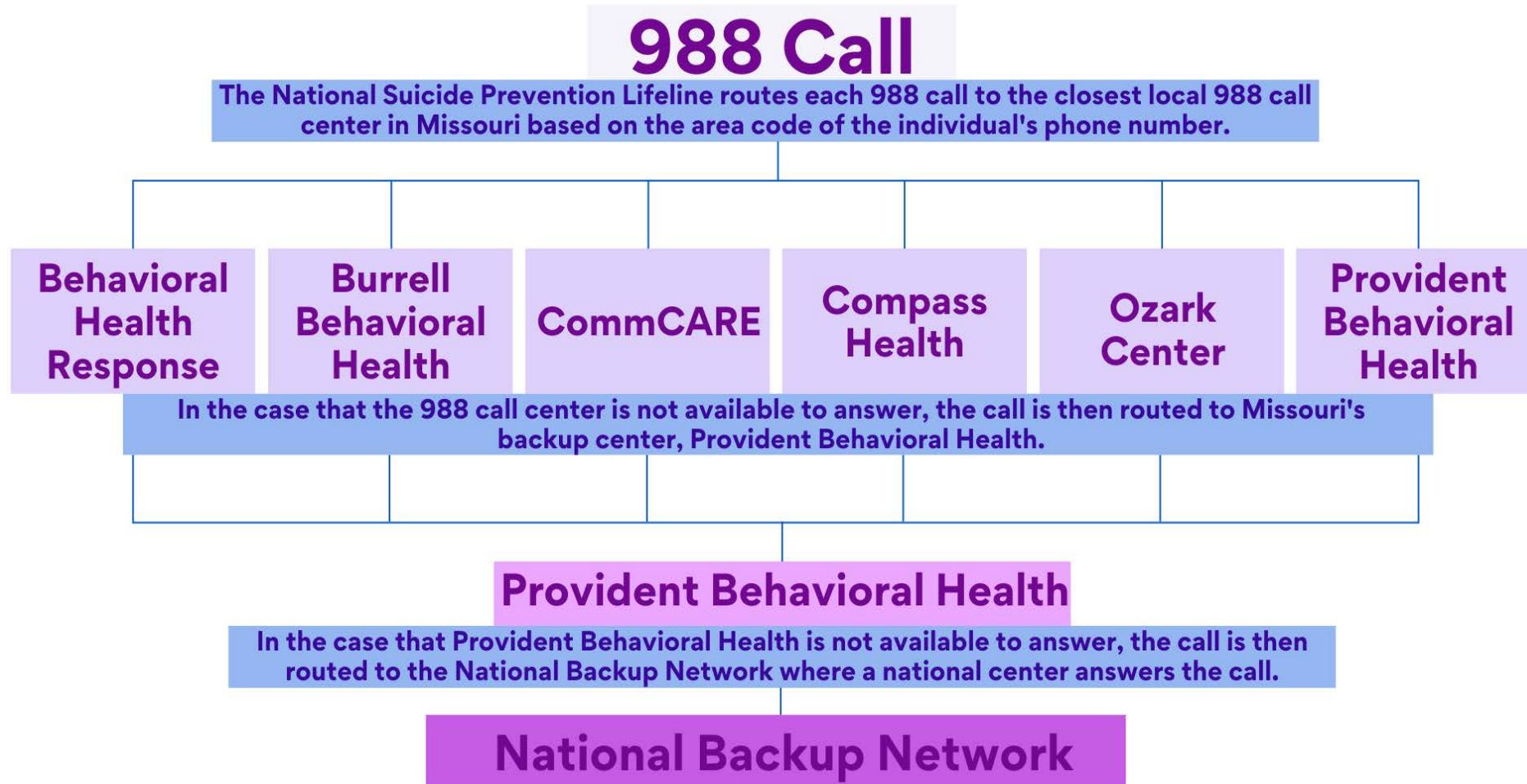


Each of Missouri's 115 counties (including the City of St. Louis) will be covered by 7 centers



Provident Behavioral Health will handle all backup calls for Missouri

Missouri's 988 Routing Structure





MISSOURI DEPARTMENT OF MENTAL HEALTH
DIVISION OF BEHAVIORAL HEALTH

988 PRIMARY CALL COVERAGE IN MISSOURI



- Behavioral Health Response Dial 988
- Compass Health Dial 988
- Burrell Behavioral Health Dial 988
- Ozark Center Dial 988
- CommCARE Dial 988
- Provident Behavioral Health * Dial 988

* Provident Behavioral Health is also the state backup call center.

988- Where is Missouri Going?

Striving	Striving for an in-state answer rate of 90% or above
Introducing	Introducing a health management platform and a central bed registry
Developing	Developing partnerships with 911, EMS, and other community and emergency responders
Creating	Creating strong standards for mobile crisis, follow-up care, and other crisis services
Planning	Planning for statewide routing of chat and text services

Collaboration with Community Partners

- Closely collaborate with community partners (911, EMS, law enforcement, etc.)
- 988/911 committee focused on how to best partner and get people connected to the right systems depending on their needs
- Key objective of 988 is to connect individuals to ongoing care and support through referrals and linkages to community resources
 - Creating a comprehensive crisis resource and referral guide for both crisis specialists and responders and other community partners

No-Wrong-Door Integrated Crisis System

**SOMEONE
TO TALK TO**



988 & ACI
Hotlines

**SOMEONE TO
RESPOND**



Mobile Crisis
Response Teams


**SOMEWHERE
TO GO**



Behavioral Health
Crisis Centers

Someone to Respond: Mobile Crisis Response

Crisis response teams deployed to wherever a person in crisis is located (a person's school, workplace, home, or other community location)



Reduce utilization of law enforcement with more cost-effective and appropriate intervention for behavioral health crises



Resolve crises and provide care in the least restrictive setting possible

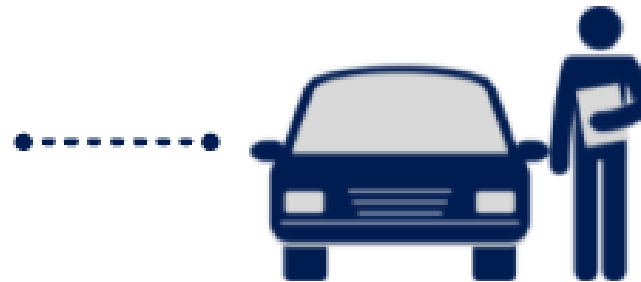
No-Wrong-Door Integrated Crisis System

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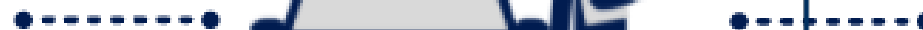


Mobile Crisis
Response Teams

**SOMEWHERE
TO GO**



Behavioral Health
Crisis Centers





Cost to System

Responding Officers

\$950.00

Ambulance

\$1100.00

Fire Department

\$1200.00

Emergency Room

\$3660.00

Court Costs

\$230.00

Detention (1 night)

\$140.00

TOTAL

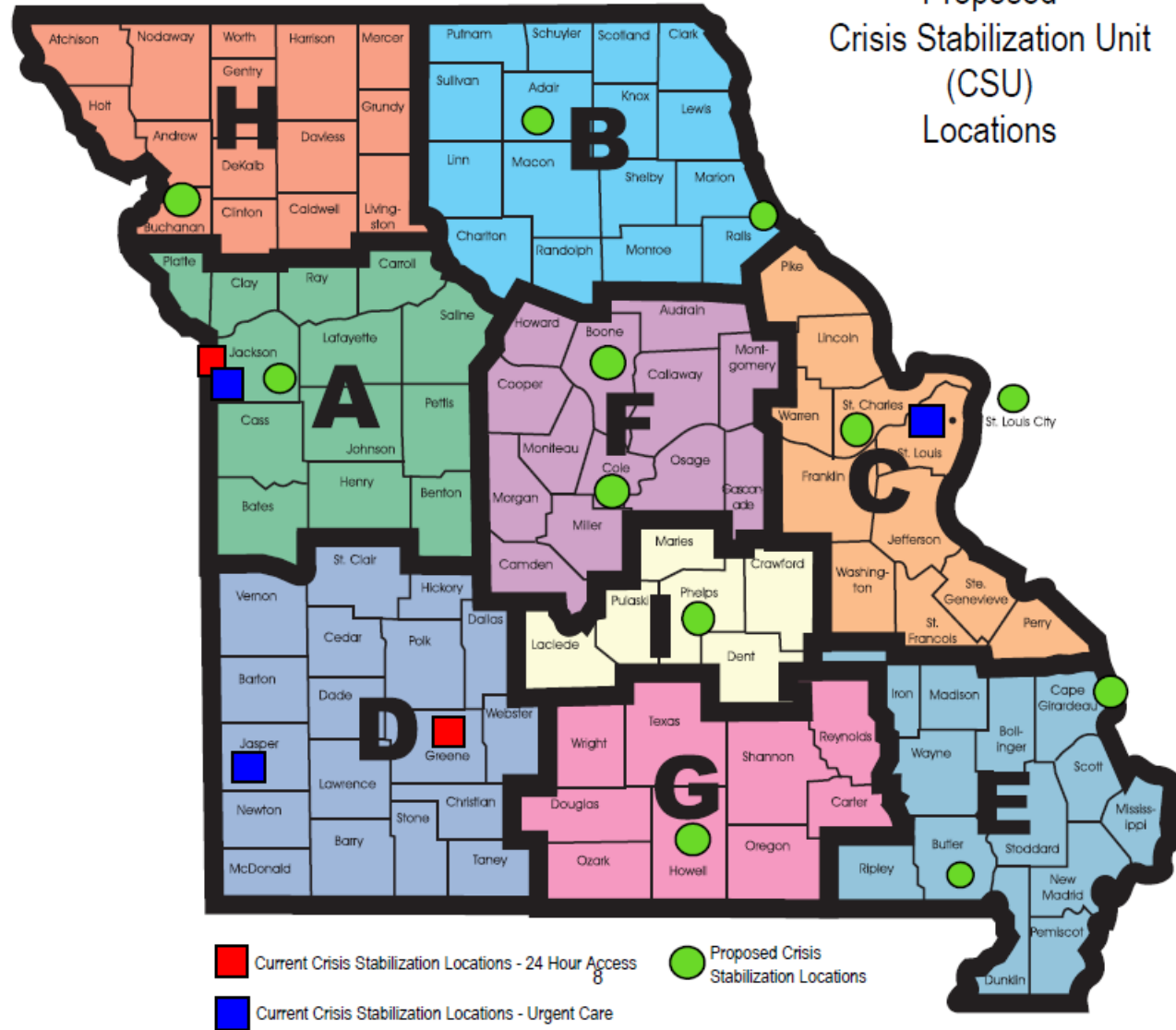
\$7280.00 per incident

Somewhere to Go: Behavioral Health Crisis Centers

- Provides an alternative to jails or the emergency room for individuals experiencing a behavioral health crisis
- Provide a trauma-informed space to receive mental health and substance use crises
- Offer linkages to community resources and treatment
- Law enforcement drop-offs for bringing in individuals experiencing a behavioral health crisis
- Goal to divert individuals from unnecessary jail, prison, or ER/ED visits
- Reduce costs and overuse/misuse of other systems

Let's fill our Gaps

Proposed
Crisis Stabilization Unit
(CSU)
Locations



Crisis
Stabilization
Centers

What's New

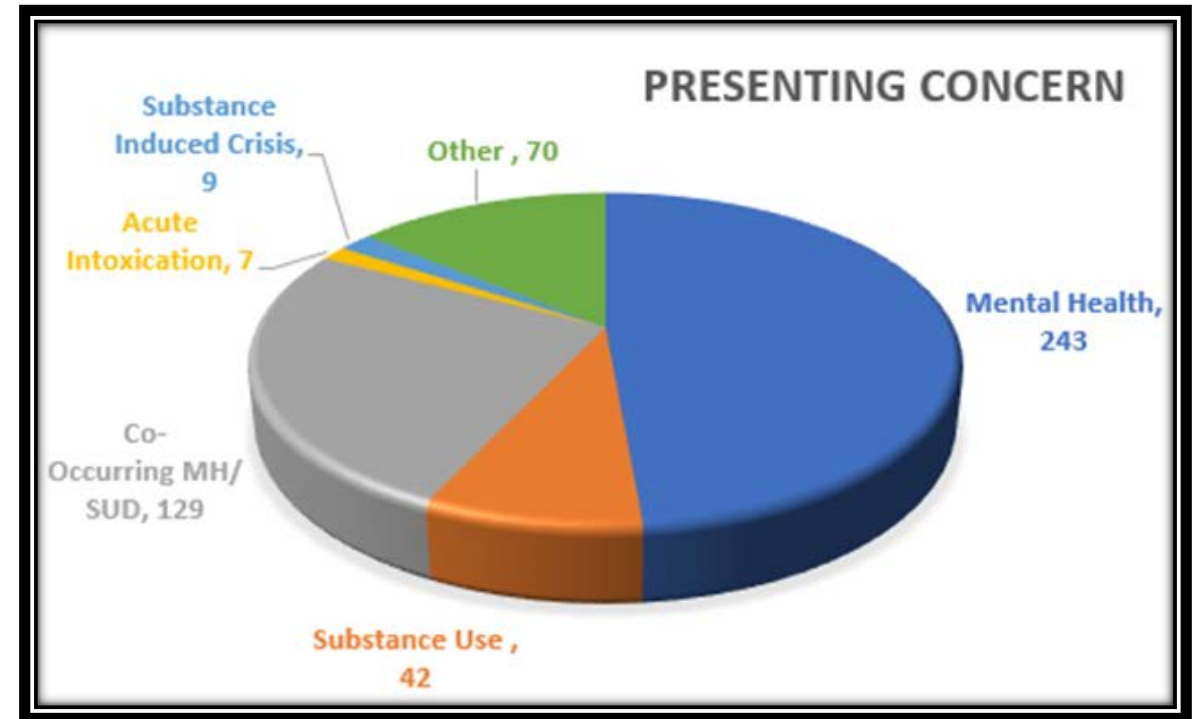
- **State regs:** still being finalized
- **Outcomes:**
 - Total number of referrals (all sites): 627 individuals (duplicated)
 - Average length of time for LE: 7.5 minutes
 - Average length of stay at the CAP: 7 hours
 - Primary referral source: self, LE, friends/family
 - Payor: 45% Medicaid, 25% uninsured, 16% private insured
 - Outcome: 59% crisis stabilized, 1% care transferred, 1% left against advice, 23% referred to community resources/services for follow up

What's New

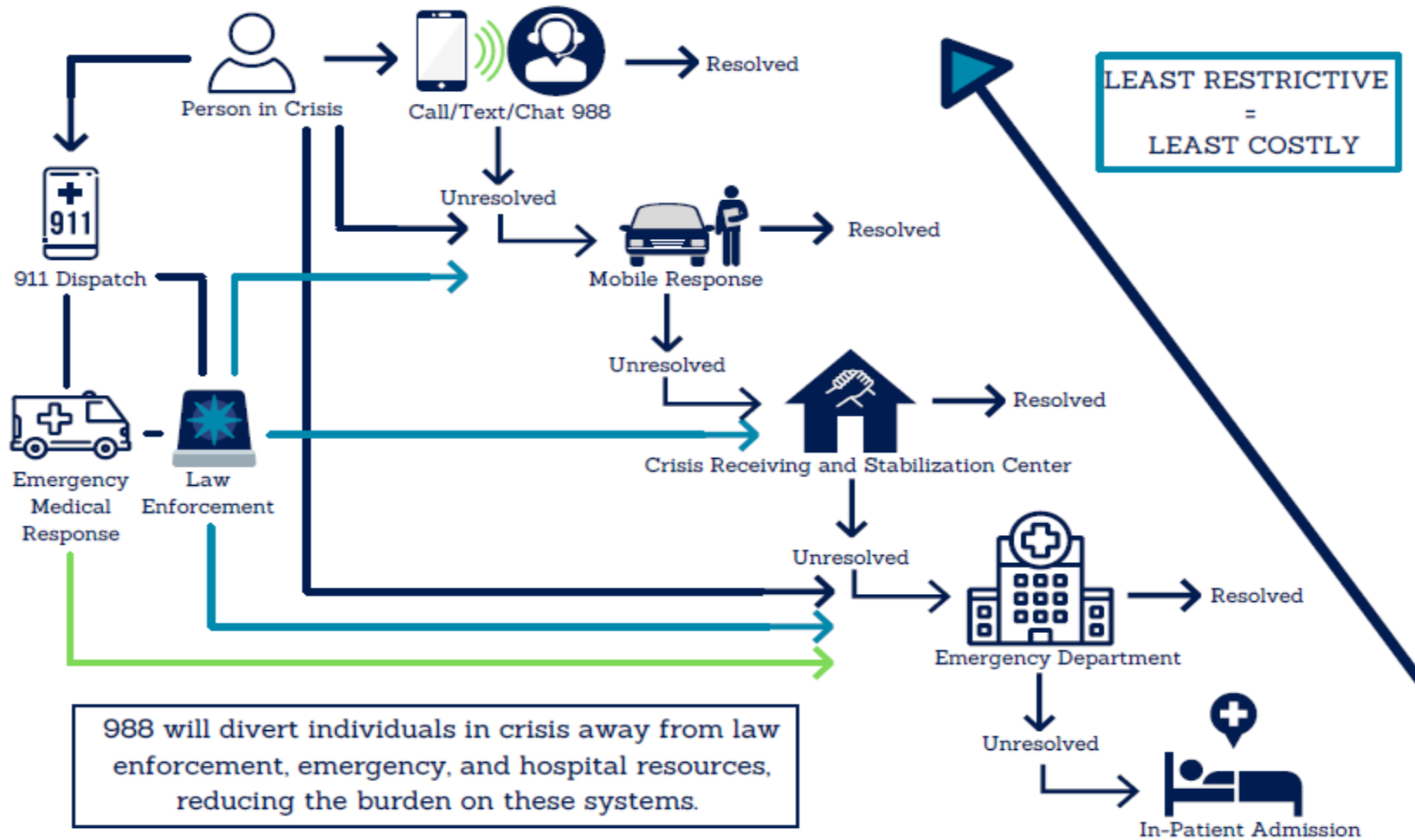
- **Outcomes**

- Presenting concern

- Cost avoidance: **\$2,294,820**



Advancement in Missouri's Crisis Services by Crisis Episode



QUESTIONS??

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