



National Institute for Health Care Management

Crisis services: Right care, right time, right place

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Executive Summary



- The demand for **urgent** and **crisis-based interventions** is growing across the country.
- Emergency rooms are only able to deliver high cost, low capability services to patients with severe acute behavioral health needs, this often results in **relapse and a lack of integration with existing care models**.
- **Effective crisis services** get the right care at the right time to the right people.
- **Increasing care coordination** for members in crisis helps mitigate the impact of an acute crisis; it is also an **essential strategy** to sustain and adjust treatment options, as needed.
- **Effective crisis management** accepts members where they are and guides them to where they need to be.
- Deploying **comprehensive, sustainable crisis management** supports dynamic behavioral health disease management by creating **care options** that include mental and physical health resources.

Crisis services are designed to assess clinical need, reduce symptoms and initiate treatment.

The addition of crisis services creates an integrated continuum of care that can coordinate care over time.

Facilitating systems for varying levels of care allows provider partners to deliver the right care in the right setting and at the right time, with the goals of achieving short and long-term remission.

Traditional behavioral health care

-  Continued provider care service
-  Partial hospital program
-  Inpatient hospital service

Emerging crisis services

-  Psychiatric urgent care
-  Mobile crisis
-  Crisis stabilization
-  Crisis residential

Our Spectrum of Crisis Services



Blue Cross Blue Shield of Michigan promotes a spectrum of crisis services which include and build on national guidelines for behavioral health care.



Psychiatric urgent care

Emergency/urgent walk-in service to address immediate assessment and treatment needs for patients that cannot wait for routine outpatient treatment and care.



Mobile crisis

Emergency mobile mental health assessment and intervention for adults and children in immediate crisis. Mobile unit can be deployed to home, office, or emergency department.



Crisis stabilization

24/7 recovery-oriented crisis center that offers emergency assessment, intervention and stabilization for urgent/emergent situations.



Crisis residential

Designed for short-term residential crisis treatment for adults ready to actively participate in recovery.

Somewhere for immediate help

Someone to respond

A place to go

A place to recover

Desired outcomes:

- Reduce unnecessary time spent in the emergency room or hospital
- Keep patients in their homes and communities while they can receive the care they need
- Reduce the need for law enforcement intervention and the criminalization of mental illness

Mobile Crisis services support higher-need patients while decreasing emergency visits and hospitalizations.

Offering a community-based intervention to patients in need, regardless of their physical location.



- Intervention is comprised of emergency mobile mental health intervention for children and adults.
- Teams assess need, reduce symptoms, begin support and transition to a least-restrictive level of care.
- Initial services include a face-to-face intervention; teams may stay connected with patients for 30 days.
- Individualized treatment plans are completed within 96 hours of service; patients are connected to the correct level of aftercare treatment.

Crisis stabilization units stabilize and evaluate patients for appropriate treatment.

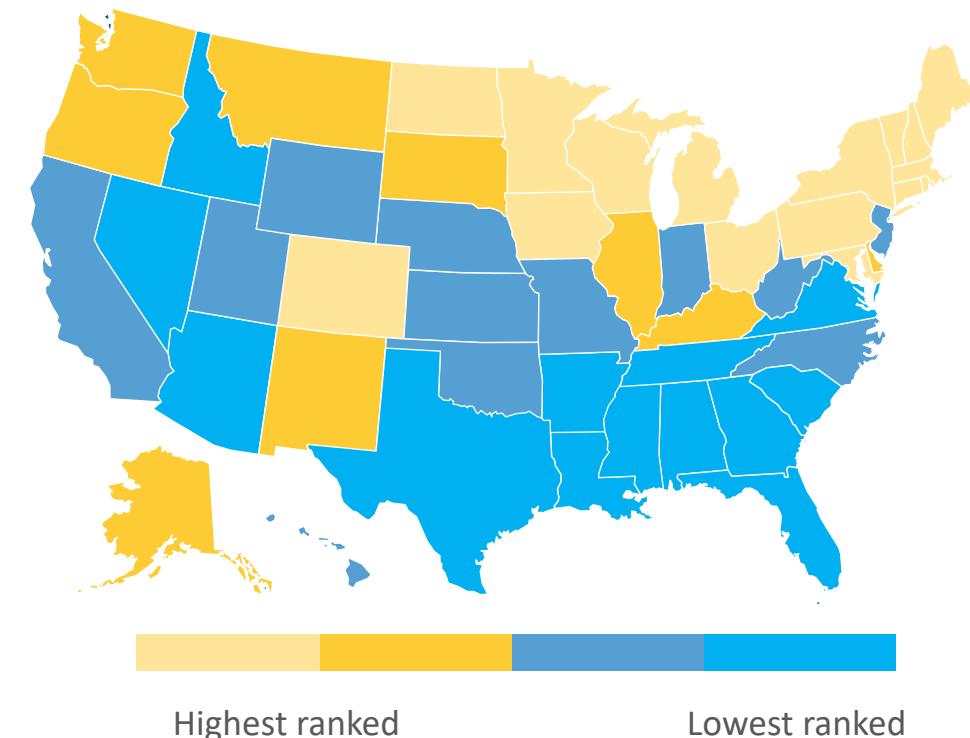
- Units are open 24 hours daily and are often small, inpatient facilities of less than 16 beds; patients often receive treatment for less than 24 hours.
- Patients may be referred here from Mobile Crisis, law enforcement, other community-based services, or they may walk-in.
- Services are focused on caring for patients who are in a mental health crisis and whose needs cannot be met safely in other settings.
- Program offers emergency behavioral health intervention services for children and adults.



Mental Health America shows:

- **57% of adults with a mental illness** did not receive treatment.
- **Over 26 million individuals** experiencing a mental health illness are going untreated.
- **Since 2011, almost a quarter** of all adults with a mental illness reported they were not able to receive the treatment they needed.
- **59% of youth with major depression** do not receive any mental health treatment.
- Even among the states with greatest access for youth, **almost 50% of youth** are still not receiving the mental health services they need.

Youth with a Major Depression Episode who did not receive mental health services 2020



2020 Access To Care Data, Mental Health America - <https://mhanational.org/issues/2020/mental-health-america-access-care-data>

Enhancing Quality of Life While Improving Overall Care Costs



Blue Cross
Blue Shield
Blue Care Network
of Michigan

Effective adoption of integrated physical and mental health can reduce overall spend for health plans.

The 2014 Milliman Report looked at the projected costs of total health care and found:



14% of patients with insurance were receiving treatment for mental health or substance use disorder; this group accounted for **30% of total spend.**



Medical costs for treating people with chronic medical illness as well as **mental health conditions were 2-3 times higher** than those for treating people with physical health conditions only.



A majority of projected savings from integrated care are associated with **facility, hospital and emergency department utilization.**

Source: [2014 Milliman Medical Index](#)

Addressing this crisis requires a novel approach that achieves goals more quickly than usual care models.

The solution to the nation's behavioral health crisis needs to be:

Population-focused



Measurement-guided



Evidence-based

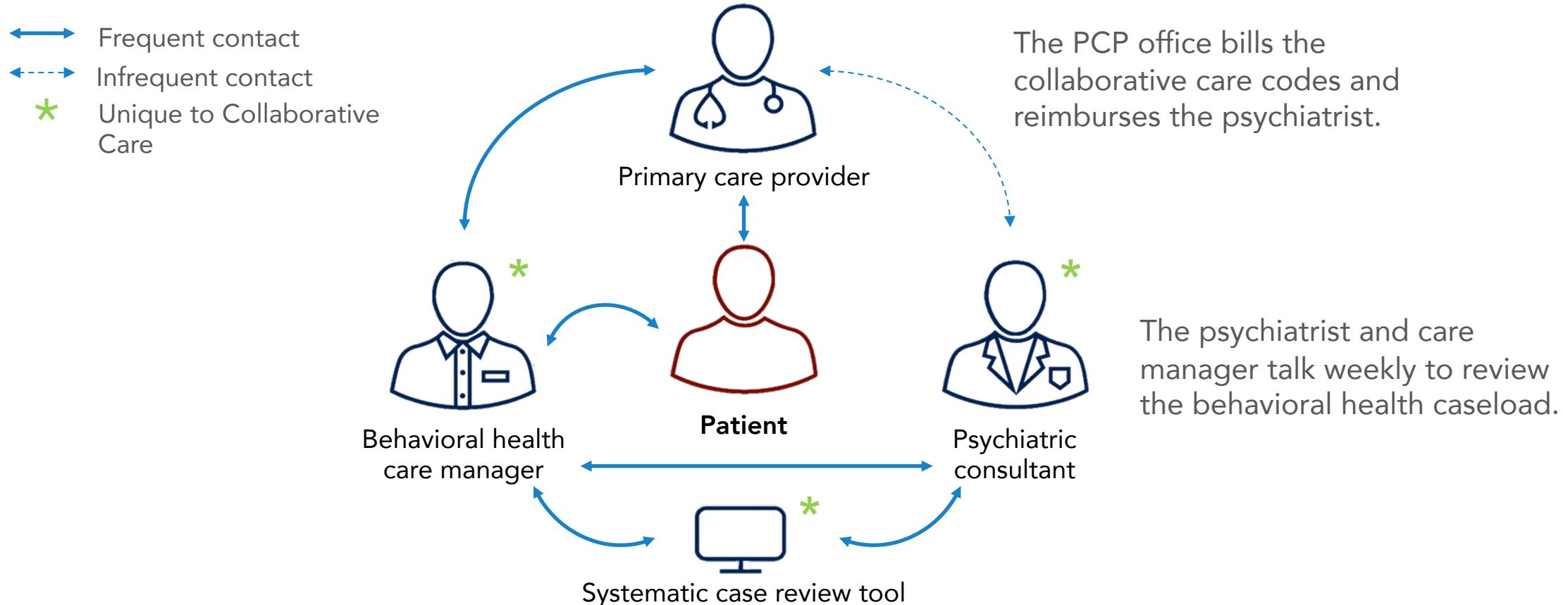


The Collaborative Care Model is all these things and
two times more effective for depression and anxiety than traditional care.

Collaborative Care Model



Collaborative Care involves a multidisciplinary team of professionals providing care in a coordinated fashion.



In this model, the professionals are empowered to work at the top of their professional training.

Regardless of cost savings, the Collaborative Care model has high patient and provider satisfaction.

Patient testimonial

"A family member is enrolled in the Collaborative Care program; she enrolled about 2 ½ months ago. She uses tools every day that she has learned during her calls, and she looks forward to her follow up calls.

My **family member was in a dark place** when she first started this program. The **difference I've seen is unbelievable**.

Her PCP could see that she was struggling and suggested the program. She was willing to give it a try and she has mentioned several times that this was the **best thing she has ever done** for her mental health."

Provider testimonial

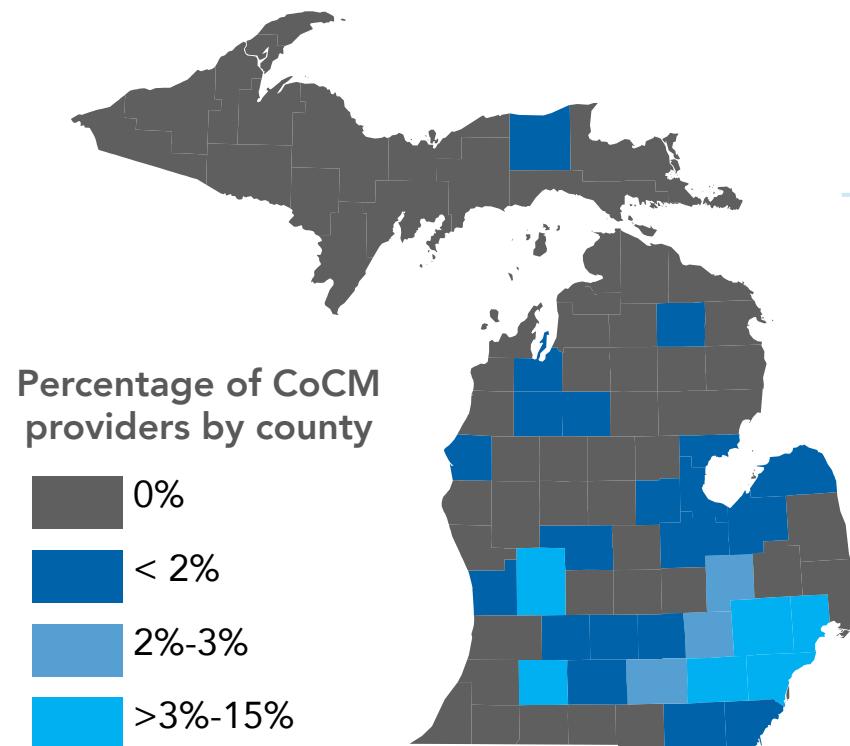
"The collaborative care model has made a **huge difference** in my ability to manage my patients' mental health in the long term.

Our care manager has been able to spend more time with me and has been able to provide **vital information** in helping manage our patients' complex social and mental health concerns."

Collaborative Care Model



Our solid foundation has allowed BCBSM to expand utilization of the Collaborative Care Model.



180
practices delivering CoCM

+ 84
added in 2021

20
practices in adolescent pilot



practitioners
trained

~800
practices
receiving CoCM value-based reimbursement

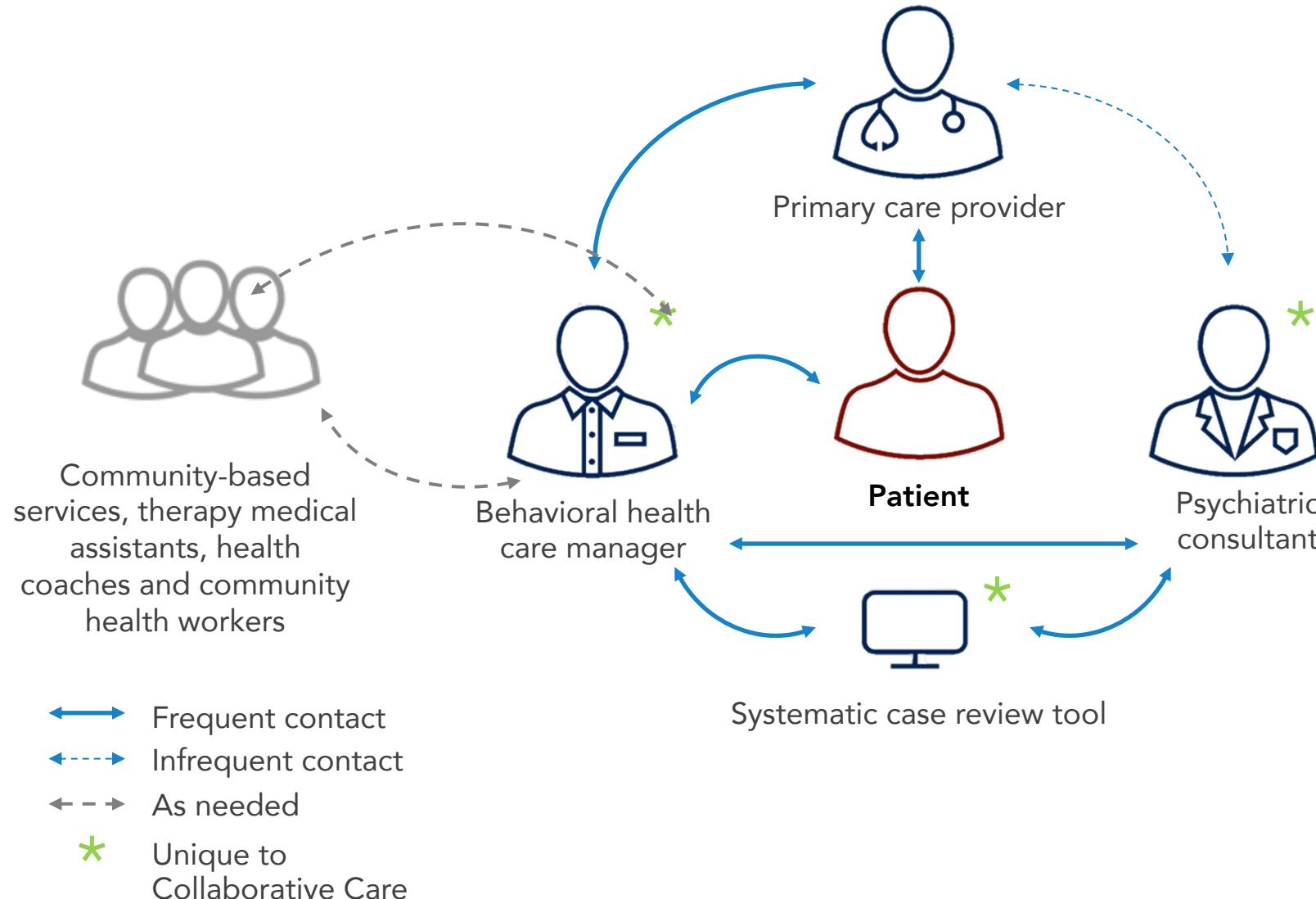
In 2022:

- Opening adolescent curriculum to all practices
- Launching CoCM Designation Program
- Engaging perinatal specialists

Collaborative Care Model



The adolescent care team includes engagement from additional members.



Additional members

- Parents
- School
- Therapist
- Other community resources

Key Takeaways



- **Crisis services** complement our current emergent / urgent care services but are specifically focused on behavioral health issues
 - Offers specialty specific care
 - More comfortable setting
 - Less stigmatizing
 - Better utilization of hospital settings for people in most need, thereby increasing access and treatment opportunity
- **Collaborative care** facilitates the behavioral health integration at the primary or even specialty care setting to address the entire person health.
 - Moving forward removal of barriers to current configuration
 - Improves member and provider experience of healthcare through whole body attention to detail
 - Less stigmatizing
 - Population screening for conditions so is less “reactive” to problems but gets ahead of problems developing
 - Addresses identification of social determinants of health and allow for problem-solving care gap closure
 - Allows for true screening, risk assessment and intervention of suicide potential