

#### The Evolution of the Colorado Crisis System October 23, 2018 Robert Werthwein, Ph.D., Director Office of Behavioral Health Colorado Department of Human Services



**COLORADO** Department of Human Services

## **OBH Goals for Crisis System**

- Ensure Coloradans get the right services in the right locations at the right time.
- Enhance the system to ensure comprehensive, coordinated, easily accessible, culturally informed, and integrated services are available for anyone experiencing a behavioral health crisis.
- Support a system that coordinates across care transitions, and collaborates with local, regional, and state partners.
- Decrease the utilization of hospital emergency departments and jails for behavioral health emergencies.



## **Overview of Crisis Modalities**

#### Crisis Hotline:

• Call, text or online chat functions staffed with licensed counselors or peers

#### Walk-in Centers (WIC):

• Offers health screening , assessment and referrals

#### Crisis Stabilization Units (CSU):

- CSUs have beds for up to 5 days for intensive services
- Evaluated with 24 hours and 27-65 designated

#### Respite:

- Stabilization support for up to 14 days in home or community setting
  <u>Mobile:</u>
- Clinicians are deployed to meet individuals in the community for assessment of needs

#### Access to Crisis Services

- 1. Crisis Hotline
  - 1-844-493-8255 and/or text "TALK" to 38255 staffed 24/7
- 2. Walk-in Centers
  - Open 24/7 to offer health screenings, assessment and/or referrals to treatment

Website for more information: www.coloradocrisisservices.org





### Modifications for Crisis System, Beginning SFY2019-20

#### ASOs will work to...

An Administrative Service Organization (ASO) will be the entity to oversee a network of contractors to deliver crisis behavioral health services including Mobile, Walk-in, Stabilization, and Respite for a predefined region of the state.





## Why should hospitals care?

Mobile- Places of Service Inf FY2017-18 Prison/Correctional Sc

Total number of billed Medicaid services; N=29,793

\*Other includes: Assisted Living Facility, Skilled Nursing Facility, Group Home, Nursing Facility, On Campus - Outpatient Hospital, Psychiatric Residential Treatment Center, Independent Clinic, Homeless Shelter, Federally Qualified Health Center (FQHC), Mobile Unit, Residential Substance Abuse Treatment Facility, Non-Residential Substance Abuse Treatment Center, Inpatient Psychiatric Facility, Custodial Care Facility, Unassigned - N/A, Psychiatric Facility - Partial Hospitalization, Hospice, and Rural Health Clinic.





#### Additional Data

Colorado Crisis Services has provided over 500,000 services since it's inception in 2015.

Total Services reported by all Crisis Regions by Modality in FY2017-18	
Hotline (Call, Text, Chat)	163,345
Walk-In Center	31,219
Crisis Stabilization Unit	5,296
Respite Care	2,125
Mobile	25,563

Note: These numbers do not reflect unique clients, but number of services provided.



## **Opportunities for Collaboration**

- 1) ASOs will be required to have an MOU for mobile response with local emergency departments
  - Metro EDs vs Rural EDs
- 2) Leverage psych hospital bed capacity for existing regional need
- 3) Leverage health information exchange
- 4) Prioritize community needs with hospitals, create a connected network



#### New Jersey/Arizona Models



New Jersey model prioritizes mobile response and in-home interventions for family and children.



Arizona figured out how to leverage Medicaid reimbursement for hotline. Mobile is connected and integrated with community services such as ACT, withdrawal management, etc.



## Strengthening the Continuum of Care/Addressing BH Gaps

- > Expanding service integration
- Transitions specialist program
  - Voluntary program
  - Working with Emergency Departments & Withdrawal Management
  - Connect high-risk clients to community behavioral health services
  - Beginning January 2019
- > Wellness care
- > 2 Generation model





# How do we change a behavior we asked for?

- Medical conditions vs. psychotic episodes
- How do we address ED and 911 habits for behavioral health needs?
- Education on Crisis Mobile System and Hotline?
- Opportunity for creative solutions, especially for rural and frontier areas:
  - Co-locate crisis within ED's? Urgent care model?





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