

CROSS-SYSTEM CRISIS RESPONSE INITIATIVE

A Partnership of the Department of Social and Health Services and the Association of County Human Services



October 2004

Cross-System Crisis Initiative

Today's Purpose

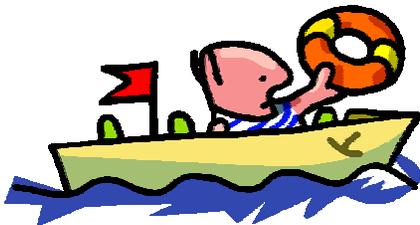
- ✓ To share the results of the Cross-System Crisis Response Project & Crisis Task Force
- ✓ To describe the components of the “Cross-System Crisis Initiative”

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Project Purpose

To make meaningful improvements in the way we respond to adults in crisis.



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The Task Force

- ✓ Chosen, funded, and staffed by DSHS and the Association of County Human Services (ACHS). Participants included:
 - ❑ Counties
 - ❑ Mental health and chemical dependency providers
 - ❑ DSHS, including Aging, DDD, MHD, DASA
 - ❑ Law enforcement/corrections
 - ❑ Prosecutors, public defenders
 - ❑ Hospitals
 - ❑ Legislative staff consultants

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Work of the Task Force

- ✓ Task Force hosted a community forum in November 2003 to brainstorm ideas for study
- ✓ Three smaller work groups were formed:
 - ❑ Involuntary treatment Act (ITA)
 - ❑ Service Gaps
 - ❑ Collaboration/Prevention
- ✓ Drafted recommendations for audience reaction at the May 2004 Forum

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Nov. Forum: What People Told Us

- ✓ There is no single, effective crisis response system.
- ✓ Every field responding to crisis is experiencing difficulty.
- ✓ ITA has become an over-burdened default response – hospitals and jails, too.
- ✓ People in crisis are not being adequately served.
- ✓ Crisis response services are in crisis themselves.

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May 04 Forum Recommendations

Forum participants came back together, rated the Task Force recommendations and told us which ones to move forward. They recommended:

- ✓ Revising the ITA to create a combined crisis response for all identified populations available 24 hours per day, 7 days per week
- ✓ Asking the legislature for safe, secure detox beds
- ✓ Implementing intensive case management for individuals with chemical dependency

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May 04 Forum Recommendations

- ✓ Creating community diversion beds
 - ❑ For adults with medical and behavioral issues
 - ❑ For persons with developmental disabilities
 - ❑ In-home stabilization
- ✓ Developing cross-system crisis plans
 - ❑ For dually court ordered individuals and others at risk as defined by each community
- ✓ Providing training and consultation
 - ❑ Managing behavior, assessment, regulations
 - ❑ Consultation at the state hospitals for long-term care providers

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DSHS/ACHS Response

- ✓ Both agreed with the recommendations of the Forum and Crisis Response Task Force.
- ✓ Both parties agreed to pursue a common initiative addressing the issues and concerns expressed in the forums and Task Force.

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Cross-System Crisis Initiative

The Cross-System Crisis Initiative (CSCI) is a comprehensive, legislative, and budget proposal embracing one major theme:

How to help individuals who, as a result of severe mental illness, developmental disabilities, chemical dependency, or other organic mental disorders and behavioral problems, are gravely disabled and a danger to themselves or others, to receive the right services, at the right time in the right way.

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CSCI: Combined ITA Statute

- ✓ Combines Chapter 71.05 RCW and Chapter 70.96A RCW for 2 pilot counties—urban and rural.
- ✓ Combines the crisis responder functions of investigation and detention.
- ✓ Adds a new secure detox option for CD, including 72 hour detention and 14 day commitment.
- ✓ Allows crisis responders to detain to the appropriate facility in “each other’s” system.

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CSCI: Implementation & Evaluation

- ✓ 6 year phased-in implementation across all systems
- ✓ Evaluates costs and outcomes of the entire initiative, for example:
 - Are there cost offsets?
 - Did use of jails go down?
 - Was the use of emergency departments impacted for this population?
 - Did combining crisis responder functions improve effective crisis response?
 - Was secure detox an effective approach?

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CSCI: Other Decision Packages

- ✓ Enhanced Services Facility—provides treatment and services to individuals who have been determined to be inappropriate for placement in other long-term care settings due to complex medical, cognitive and functional needs that result in behavioral and safety issues.
- ✓ Intensive Case Management—for individuals impaired by chemical dependency who substantially overuse costly resources

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CSCI: Other Decision Packages

- ✓ Cross-System Crisis Plans—computer based and focused on adults served by the public mental health system or other DSHS programs and who also are under the authority of the Department of Corrections.
- ✓ Chemical Dependency Counselors—would coordinate placement of clients needing CD treatment at time of discharge.

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CSCI: Other Decision Packages

- ✓ Community Based Care—a plan to increase community resources with the goal of decreasing dependence on state hospital care.
 - Part 1, 45 beds by 12/1/05
 - Part 2, 45 beds by 3/1/06
- ✓ Active Treatment and Expanded Community Services—adds additional staff at the state hospitals to maintain certification, transitions patients from the state hospital to the community, and closes 5 geriatric wards.

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CSCI: Other Decision Packages

- ✓ Community MH Diversion Resources—operation of 2 free standing E&Ts and staff consultation.
- ✓ DDD/MHD Collaborative Work Plan—support for persons with developmental disabilities and co-occurring mental health disorders who are at risk of institutionalization and/or are being discharged from a state psychiatric hospital, including diversion beds.
- ✓ Training and Consultation—training for caregivers in long-term settings to reduce dependence on state hospitals for adults with dementia, traumatic brain injuries, and other medical and behavioral issues.

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Why is this initiative important?

- ✓ The public mental health system is the “fall back” crisis intervention system for all, especially with the historical under-capitalization of chemical dependency services.
- ✓ With a myriad of issues impacting social service systems, individuals are more at risk than ever.
- ✓ This initiative will result in a more logical, integrated, less categorical system, and will work better for the citizens who need services.