columbiacare services, inc.

Crisis Programs & Services



Crisis Programs and Services provide an important link in the continuity of care between hospitalization and other structured residential programs, and exclusive reliance on outpatient mental health supports. It can serve as a less restrictive, shorter-term and more clinically appropriate treatment option for persons who are in psychiatric crisis but who are not appropriate for law enforcement custody, do not need the medical capabilities of an acute care hospital, and can benefit from remaining in their own community and support system.

A comprehensive service system may include more than one of the following components:

- Hospital Evaluation and Diversion Services
- Short-term Assessment & Drop-In Centers
- Mobile Crisis Services
- Post Psychiatric Hospitalization Follow-Up
- Suicide Prevention Screening, and
- Crisis Resolution and Respite Centers

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Hospital Evaluation and

Diversion. We understand that diverting individuals from unnecessary hospitalization can be extremely clinically beneficial for a person experiencing a mental health crisis. It also saves money. Our ICM staff is available on-call to respond when an individual is experiencing a psychiatric crisis and has been taken to a hospital in the tri-county area. ColumbiaCare staff provide assistance upon request by performing a mental health assessment and review to determine what the clinical and safety needs of the Member are; and whether or not they can be safely treated in a less intensive and medically necessary level of care as an alternative to inpatient hospitalization. Next steps may include referring them to the closest crisis center.

Short-Term Assessment and Drop-In Centers. Crisis

Assessment and Drop-In Centers are similar to CRCs except the goal is to provide a crisis evaluation to determine if a client has more intensive medical or mental health needs, and once cleared, be stabilized, connected to the appropriate supports and services, and then discharged back to their home communities within a few days of admission. Crisis Stabilization. A Crisis Resolution Center (CRC) is a 24/7 facility that provides an important link in the continuity of care between long-term hospitalization and independent living. It can serve as a less restrictive and more clinically appropriate treatment option for persons who are in psychiatric crisis but who don't need the medical capabilities of an acute care hospital. Treatment is intended to keep the person safe, stabilize their acute psychiatric symptoms, and return them to their familiar living situation and treatment as soon as possible. Treatment usually entails a combination of Milieu Therapy, Psychotropic Medications, Solution Focused Brief Therapy, and Assertive Case Management. Crisis programs can be used to stabilize a person in an emergency, provide an intermediary transition step from a higher level of care to the community, act as a cooling off place when a home where a person can be monitored during medication changes, and/or be used as an after care environment for a person with suicide attempts or ideation. Crisis programs are one of the most valuable resources a community can have.

Crisis Services are Less Expensive. Hospital bed day rates can vary anywhere from \$900 to upwards of \$1500 per day. While CRC daily rates may vary according to the specific programming being requested (security level of the facility, professional psychiatric services and staffing level); Crisis Resolution Center bed day rates range from \$250 to \$500 per day. Not only does a CRC offer a more clinically appropriate treatment approach, but CRCs also reduce the cost of sub-acute mental health services by <u>over HALF!</u> One very conservative savings example is Wasco County, who by investing in Crisis Resolution Center services saved over \$257,000 in just 381 days. In most cases, the savings is substantially higher. CRCs are an effective clinical and cost-effective resource.

Post-Hospital Follow-Up. PHFU is another innovative way that ColumbiaCare is helping CCOs meet performance metrics, while helping people avoid unnecessary, traumatic, and costly re-admits to institutional settings. National studies show that a person who receives a follow-up contact from a mental health representative within 7 days of a hospital discharge are significantly less likely to be decompensate and be readmitted to the hospital. ColumbiaCare uses Qualified Mental Health Associates and Qualified Mental Health Professionals from our ICM Team to ensure those contacts are made, and that the Member is either connected to their own service provider (a follow up appointment made), or are seen by one of our treatment professionals.

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