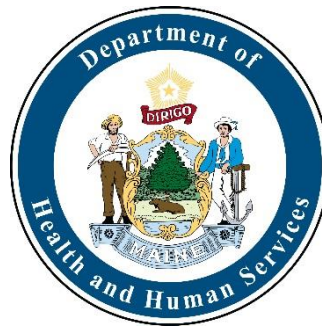


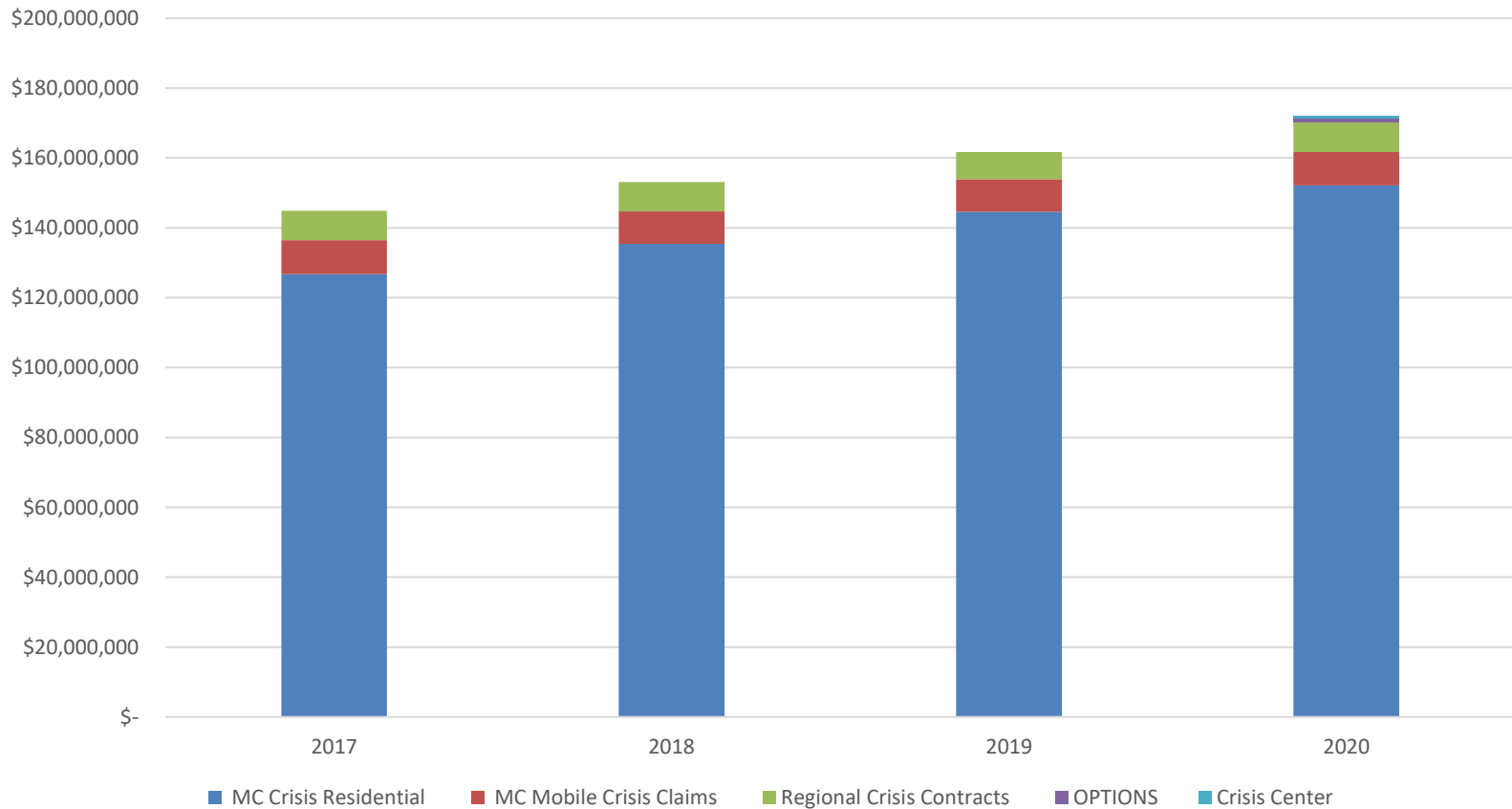
# Information on Maine's Crisis System of Care for HHS Committee Work Session

Jessica Monahan Pollard, PhD, Director  
Office of Behavioral Health  
May 11, 2021

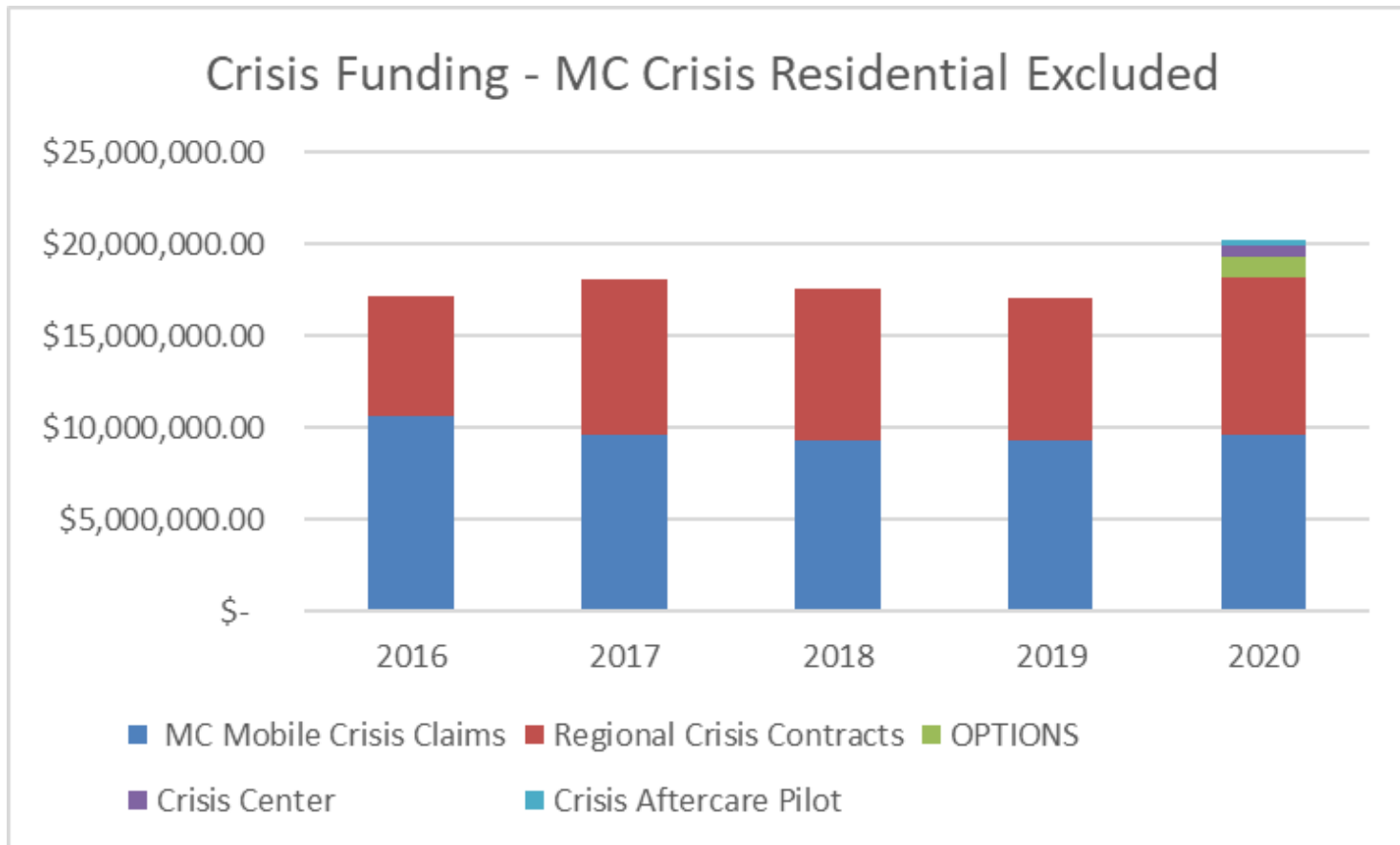


# DHHS Crisis System Investment

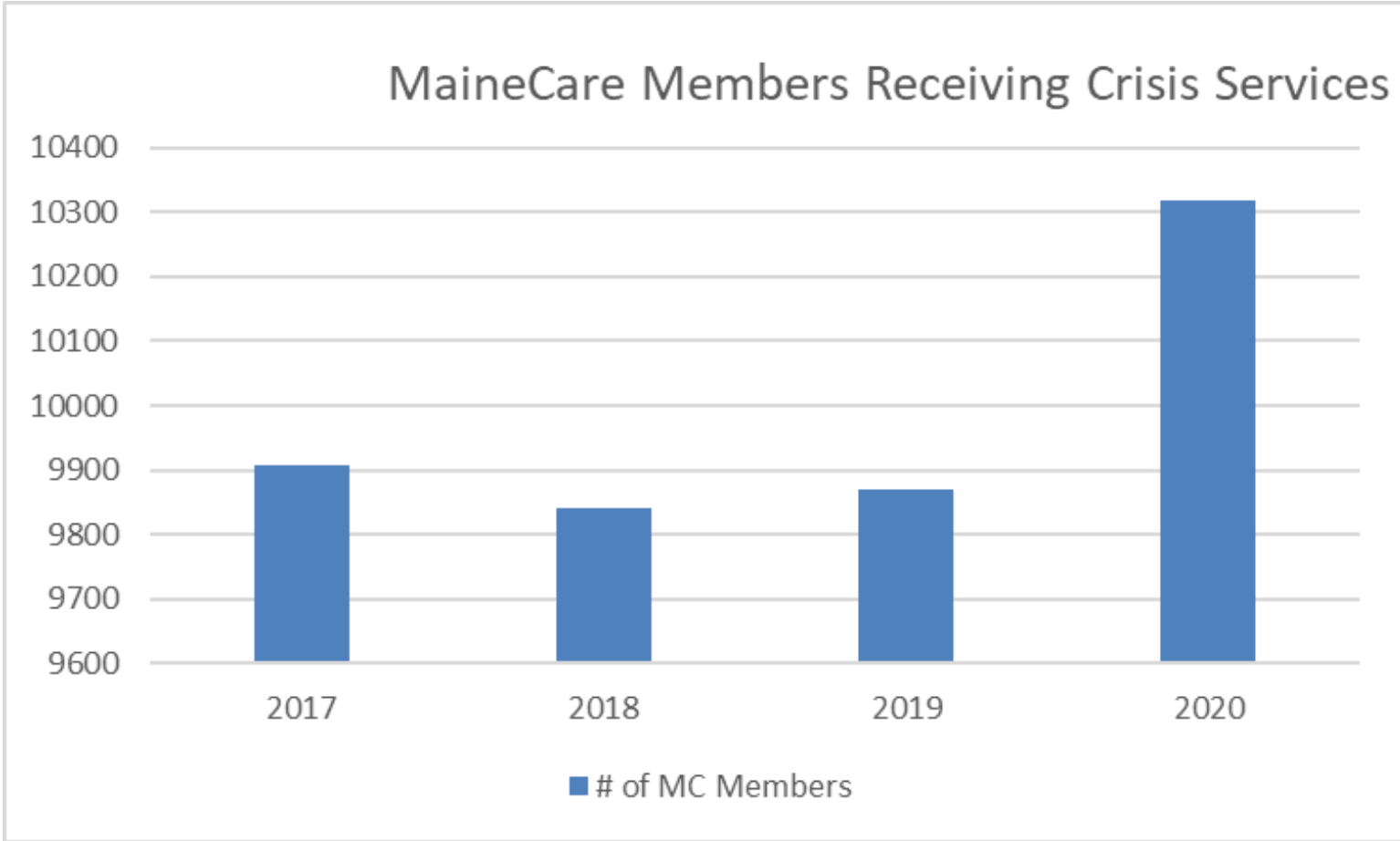
DHHS Crisis Expenditures



# DHHS Crisis System Investment



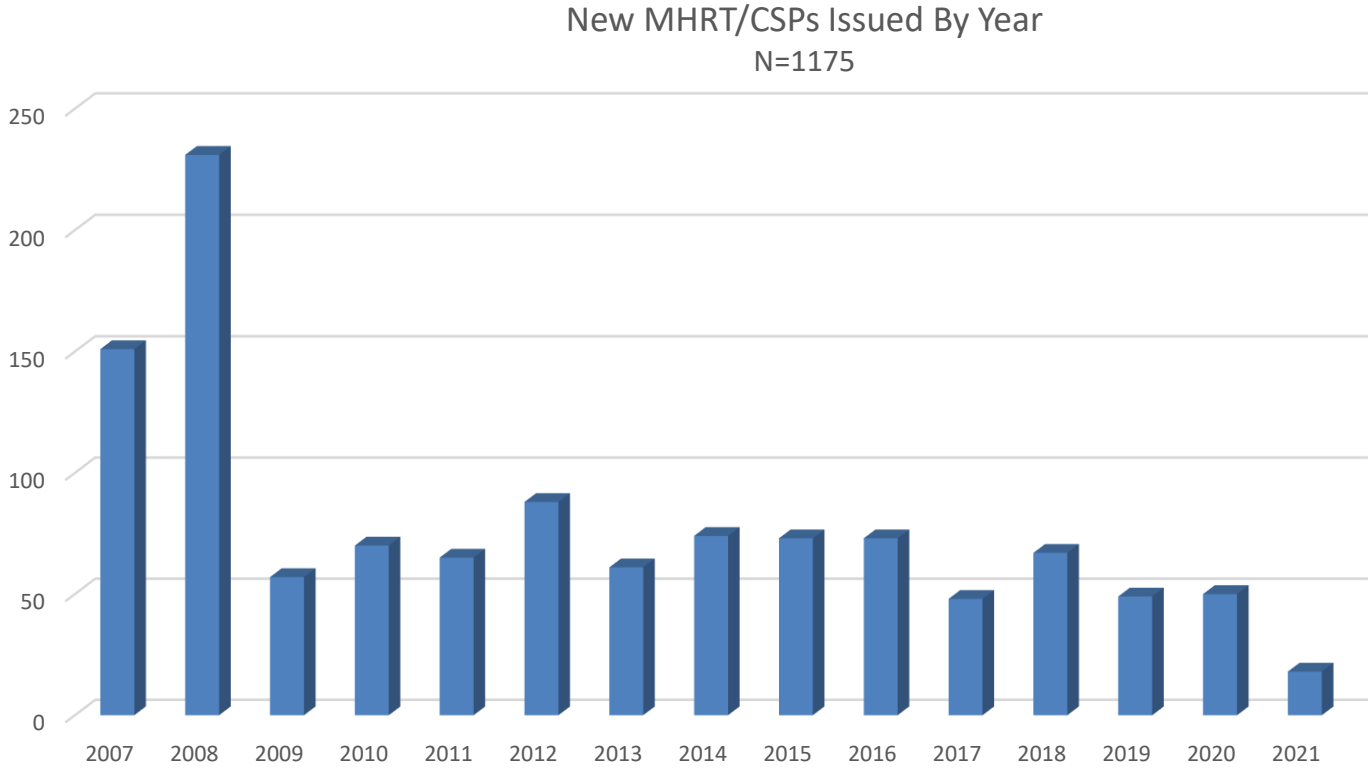
# Utilization of Crisis Services



# Claims & Contracts Data

	2017	2018	2019	2020
MC Crisis Residential	\$ 126,795,947	\$ 135,454,575	\$ 144,612,506	\$ 152,117,564.90
MC Mobile Crisis Claims	\$ 9,639,646.99	\$ 9,293,723	\$ 9,269,667	\$ 9,573,571
Regional Crisis Contracts	\$ 8,437,513	\$ 8,334,095	\$ 7,839,580	\$ 8,613,161
OPTIONS				\$ 1,150,473
Crisis Center				\$ 597,239
Crisis Aftercare Pilot				\$ 257,500
Total	\$ 144,873,107	\$ 153,082,394	\$ 161,721,753	\$ 172,309,508
Total MC Claims	\$ 136,435,594.32	\$ 144,748,298.34	\$ 153,882,173.17	\$ 140,202,460.30
# of MC Members	9908	9840	9870	10319

# Crisis Workforce: MHRT/CSP



# SAMHA Best Practices in Crisis Care: Core Services

- Someone *to Call*: 24/7 crisis line accepting all calls & dispatching support based on needs
- Someone *to Respond*: 24/7 mobile crisis teams dispatched to community (not EDs)
- Somewhere *to Go*: 24/7 crisis receiving & stabilization facilities that serve everyone that from all referral sources

Services for **anyone, anywhere and anytime**

# Current Crisis System of Care in Maine

- Someone *to Call*: 24/7 Maine Crisis Line, able to dispatch to regional mobile teams
- Someone *to Respond*: 8 Regional 24/7 mobile crisis teams (47% assessed in ED); 1 Tribal crisis team
- Somewhere *to Go*: In process of implementing a 24/7 crisis receiving & stabilization facility (Cumberland County Crisis Center) with peer living room
- Crisis Residential (often mislabeled as Crisis Stabilization): referred by mobile if deemed residential support needed



# Crisis Center/CSU vs Crisis Residential

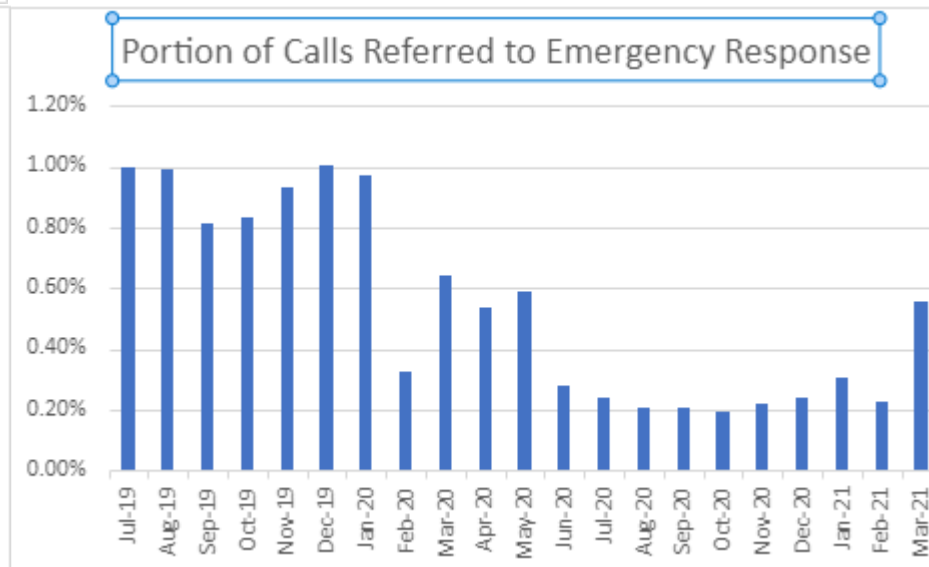
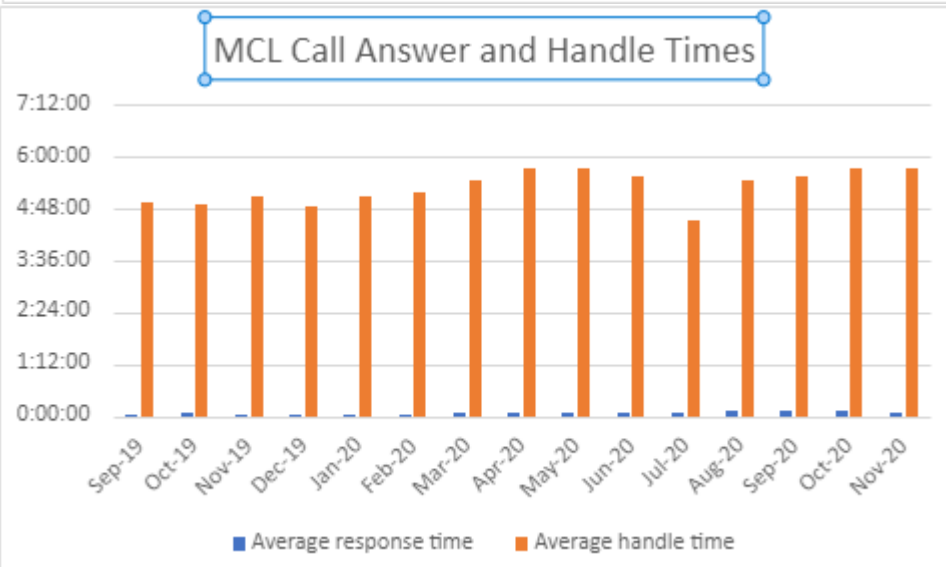
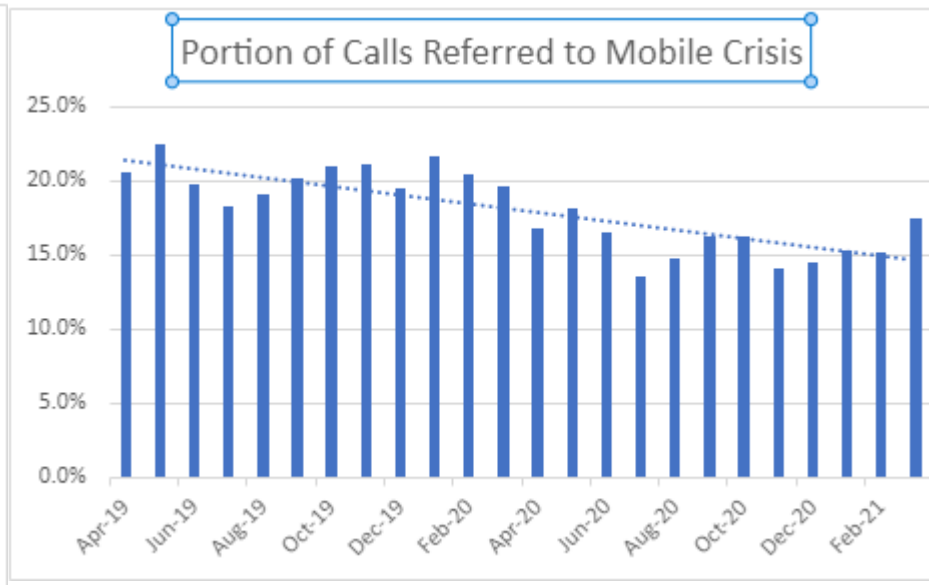
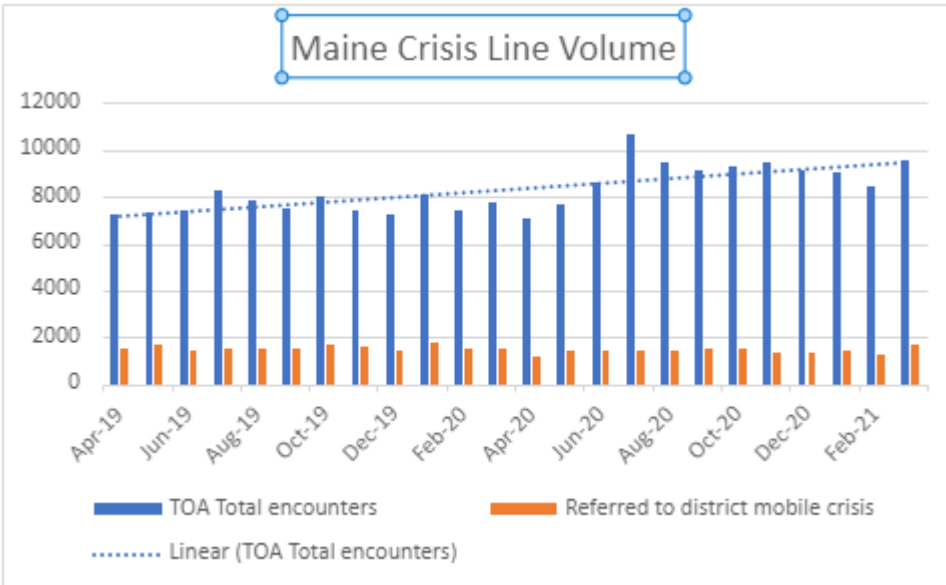
## Crisis Center/CSU

- 24/7 walk in
- Takes all comers (14yo+)
- Rapid assessment & triage
- >24hrs observation
- Peer Living Room
- Brief outpatient until connect to ongoing care

## Crisis Residential

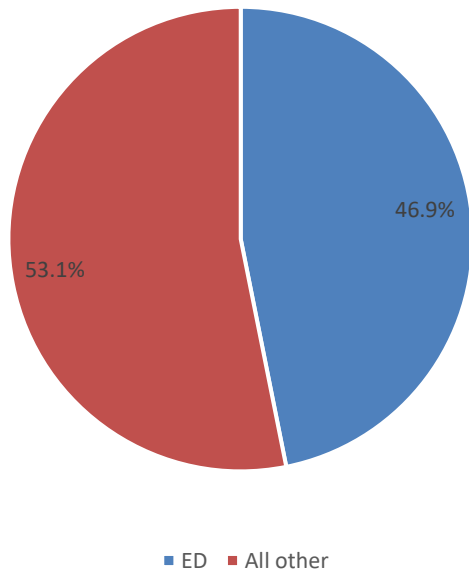
- No walk in
- No rapid assessment & triage (done by mobile)
- Available only for those needing residential LOC
- <24hrs, LOS ~5-7 days
- Peers not part of staffing model
- Discharge to services

# Current Crisis System Metrics

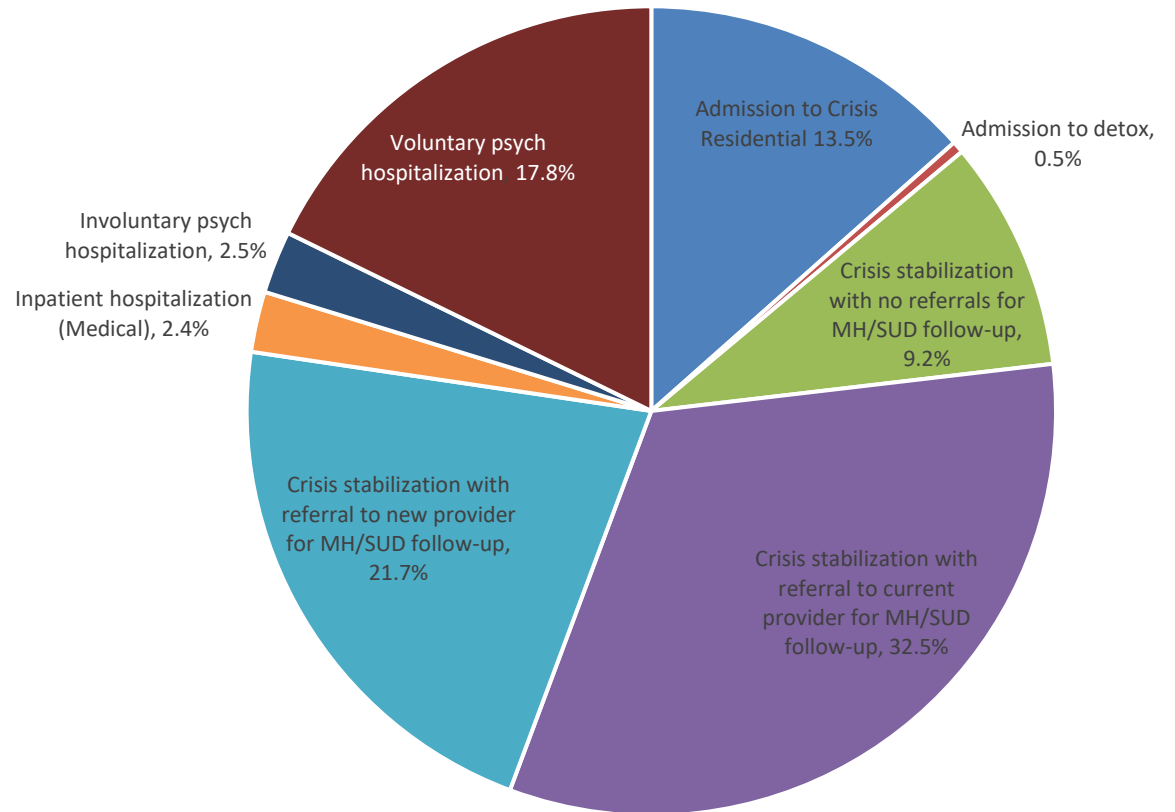


# Current Crisis System Metrics

Site of Mobile Assessment



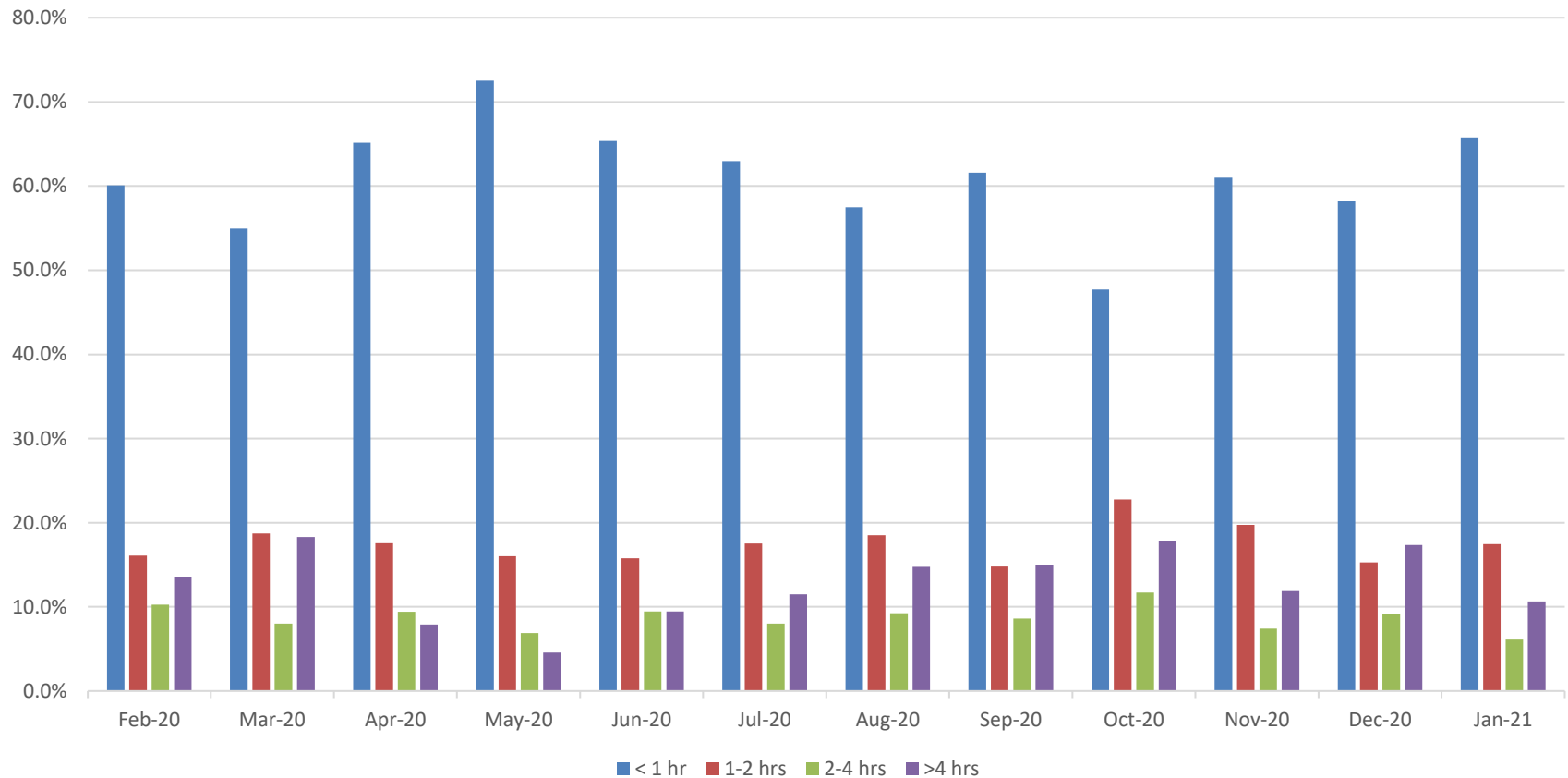
Disposition of Mobile Crisis Encounters



October 2019 – January 2021

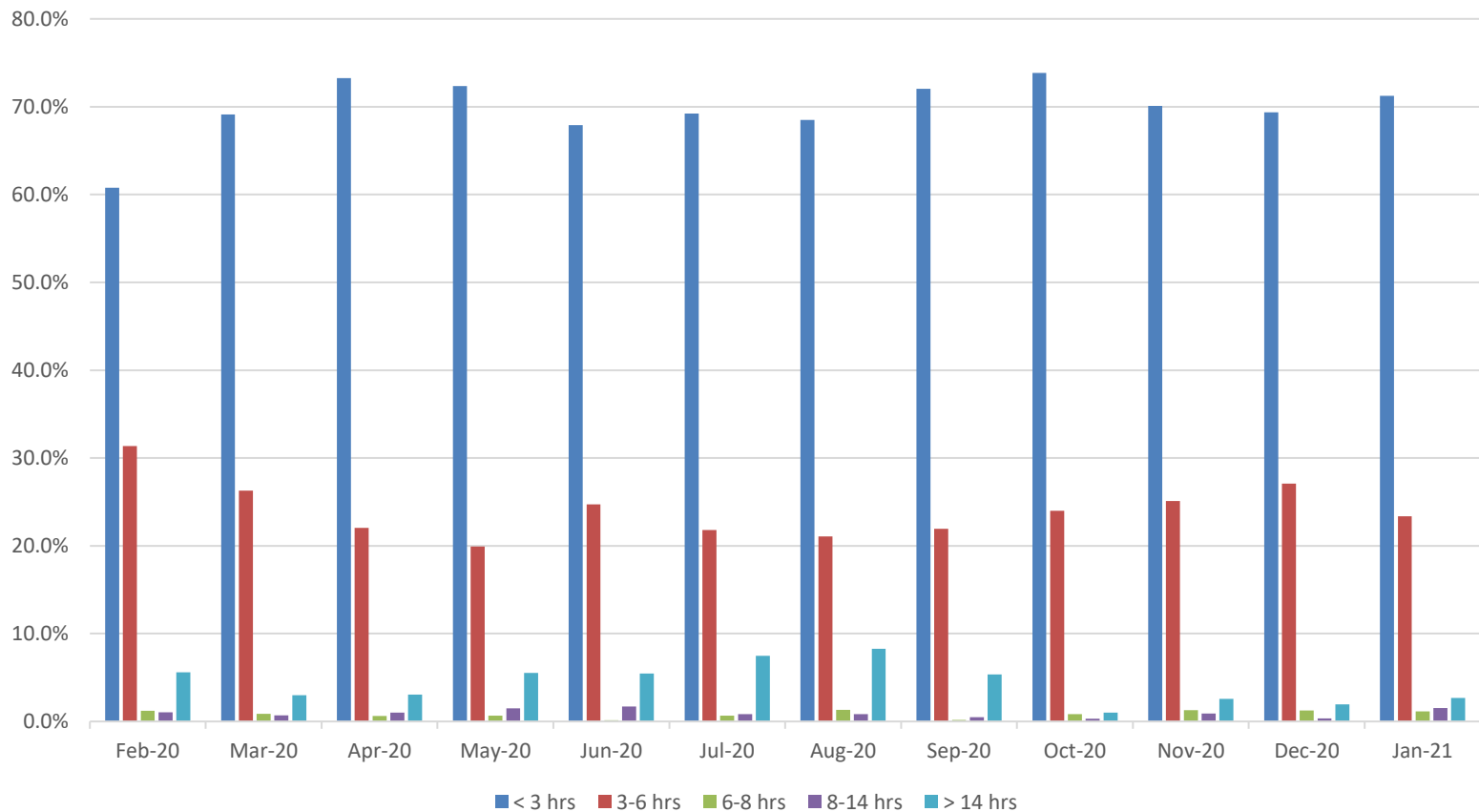
# Current Crisis System Metrics

Time to Initial Mobile Face to Face Contact



# Current Crisis System Metrics

Time From Initial Assessment to Final Disposition



# MHWG Crisis Service Recommendations

- Improve availability of warm line and peer services, including 211 phone and online systems
- Make non-jail options available for crisis situations as an alternative to jails
- Coordinate crisis response with law enforcement response to ensure a therapeutic response is available
- Fund mental health professional to either ride with law enforcement or assist dispatch; create option to dispatch a mental health professional instead of law enforcement
- Increase capacity of crisis stabilization units and peer respite services; integrate crisis stabilization unit options with law enforcement response
- Crisis stabilization units should be expanded to be regional and available 24/7, with peer support available, and where acceptance cannot be refused

# DHHS Crisis Service Recent Improvements & Plans

- Expansion of peer Intentional Warm Line
- Creation of the NAMI Teen Text Line
- Expansion of Peers & Recovery Coaches in EDs
- Training & additional staffing for 211
- Service Locator tool
- Expanding MaineCrisis Line staffing
- OPTIONS Co-Responders & proposed Justice & Health Team
- Implementation of 1<sup>st</sup> Crisis Center underway
- Expansion of OCFS Crisis Aftercare Pilot to Statewide
- MHIOP
- 988 Planning Coalition
- Adding CSU components
- CMS Planning Grant & reimbursement mechanism considerations

# Questions?

## Office of Behavioral Health

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