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Crisis Intervention Recommendations

April 7, 2011

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Workgroup Purpose

- Review the baseline data on the current crisis intervention service system in the state
- Identify Best Practices for delivering Crisis Intervention Services that support recovery
- Develop recommendations to transform the current crisis system
- Present recommendations to OMHSAS leadership and the OMHSAS Advisory Board



MH/MR Act of 1966

- Statutory Authority for Mental Health Services
- Section 301(d)(4) of the Act requires 24 hour emergency services be available in each county.
- Responsibility for the provision of emergency services is assigned to the county MH/MR Administrator



Crisis Intervention Services

- 55 PA CODE Chapter 5240 establishes requirements for the approval, licensure, enrollment, delivery and payment of Crisis Intervention Services
- This includes telephone, walk-in, mobile, medical mobile, and crisis residential services
- Crisis intervention services are designed to provide a rapid response to crisis situations that threaten the well-being of the individual or others



Crisis Intervention Services

- Crisis intervention services are provided to adults or children and adolescents and their families who exhibit an acute problem of disturbed thought, behavior, mood or social relationship
- Services include the crisis intervention, assessment, counseling, screening and disposition services to resolve the crisis situation



Delegate Function


- To act as the county MH administrator's designee during an involuntary commitment process
- Determine the criteria exists for proceeding with an involuntary commitment (302) under the Mental Health Procedures Act
- Explore appropriate least restrictive alternatives prior to proceeding with signing the 302 warrant
- Ensuring the MHPA requirements are fulfilled during the involuntary commitment process
- Initiate a bed search if needed

Current Challenges

- Wide variation in access and delivery of crisis services across the state
- Limited Crisis Intervention Services in rural areas
- Involuntary commitment occurs prior to crisis intervention services or alternatives
- Inconsistent interpretation of the Mental Health Procedures Act across the state

Information Gathering Methods


- Statewide survey
 - All counties provided information
 - Key areas: telephone, walk-in, mobile, delegate function, peer services, MOU's, training
 - Analyzed by county and statewide
- Regional Focus Groups
 - Five focus groups held across state
 - Stakeholder involvement
 - Standard set of questions – coordination, follow-up, delegate, supervision, training, documentation



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Key Themes

- Service Coordination
- Staffing/Training
- Funding
- Peer Services



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Service Coordination

- Lack of Diversion Resources
- Lack of Community Treatment Resources
- Interface with Emergency Room staff, On-Call Psychiatrists, Law Enforcement, Community Agencies
- County Systems – Internal/External



Staffing/Training

- Delegate Function (Crisis Intervention versus Emergency Services)
- Core Training Curriculum
- Recruitment, Retention, and Coverage
- Understanding/Interpretation of MHPA



Funding/Cost

- Cost of providing Crisis Services
- Use of base funds to support services
- Increased utilization of crisis intervention services (new to system/uninsured)
- Training cost



Peer Services

- Use of Peer Services for Crisis Intervention
- WRAP and MHAD resource during crisis
- Warmline interface with Crisis Intervention Services



Workgroup Recommendations

- Utilize standard MOU process to address key issues impacting the delivery of integrated crisis services
- Utilize Mental Health Advanced Directives during crisis intervention process
- Develop initial and advanced skill building training topics for crisis staff
- Review state law and regulation governing the delegate function by DPW Legal Counsel to ensure consistent interpretation and application of this function

Workgroup Recommendations

- Conduct a statewide assessment of funding resources utilized for crisis intervention services
- Review HealthChoices contract language to support crisis intervention services and coordination of care
- Issue a Crisis Intervention Bulletin to clarify existing regulations and provide policy guidelines for the delivery of crisis services based upon the workgroup recommendations and current best practice

Workgroup Recommendations

- Increase collaboration with state agencies and key partners to enhance the ability of the crisis system to effectively intervene to promote positive outcomes
- Increase access to peer support services in all aspects of crisis intervention
- Convene a stakeholder workgroup to amend current draft regulations
- Promulgate crisis regulations

Best Practice Recommendations

- Crisis Intervention should encompass a strength-based person-centered approach
- Crisis intervention should be provided in a culturally competent manner
- Crisis intervention should be delivered from a trauma-informed perspective
- Crisis intervention should be provided by trained individuals
- Peer support services should be utilized as part of the crisis intervention process

Best Practice Recommendations

- The individual should be treated with dignity and respect
- Crisis intervention should utilize the least restrictive services that are appropriate
- Crisis intervention should ensure the individual is informed of their rights
- Crisis intervention should focus on reducing re-occurring crisis events
- Crisis intervention should have timely access to community supports and services