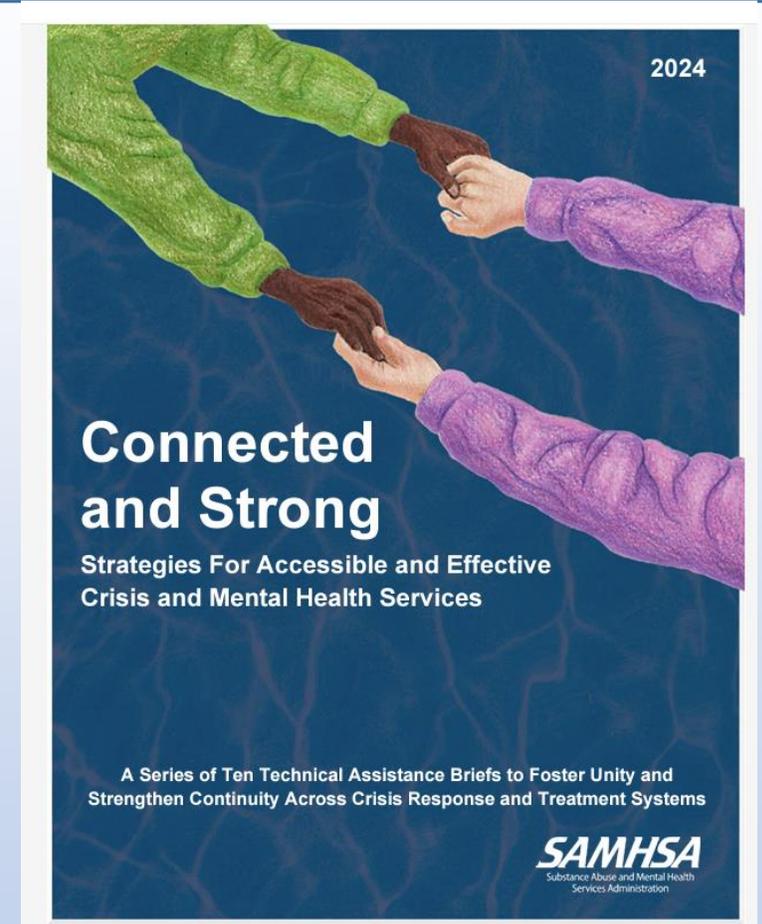


Connected and Strong

Released September 2024!



The Beyond Beds Series

Beyond Beds

The Vital Role of a Full Continuum of Psychiatric Care



BOLDER GOALS, BETTER RESULTS

Seven Breakthrough Strategies to Improve Mental Illness Outcomes

NASMHPD

BEYOND THE BORDERS:



Lessons from
International
Communities
to Improve
Mental Health Outcomes

CRISIS SERVICES

Meeting Needs
Saving Lives

NASMHPD

SEPTEMBER 2020

Accessible • Interconnected • Effective • Just

READY TO RESPOND

MENTAL HEALTH
BEYOND CRISIS
AND COVID-19



NASMHPD

Reimagining a Sustainable
Robust Continuum of Care

FROM CRISIS TO CARE

Building from 988 and Beyond for Better Mental Health Outcomes

NASMHPD

September 2022

Key elements to help individuals and systems move from crisis to care

Paper No. 1 in the *From Crisis to Care* Series

Connected and Strong

Strategies For Accessible and Effective
Crisis and Mental Health Services

First in a Series of Ten Technical Assistance Briefs to Foster Unity and Strengthen Continuity Across Crisis Response and Treatment Systems

SAMHSA
Substance Abuse and Mental Health
Services Administration

2023

Highlights:

Table 1: Examples of Partner Organizations for Collaboration with the Behavioral Health Crisis System

- American Academy of Pediatrics (AAP)
- American Association of Poison Control Centers (AAPCC)
- American College of Emergency Physicians (ACEP)
- American Foundation for Suicide Prevention (AFSP)
- American Hospital Association (AHA)
- Association of Public-Safety Communications Officials (APCO)
- Bureau of Justice Assistance (BJA)
- CIT International: Crisis Intervention Team International Association (CIT)
- Council of State Governments (CSG)
- Emergency Medical Services for Children national program (EMSC)
- International Association of Chiefs of Police (IACP)
- International Association of Emergency Medical Services Chiefs (IAEMSC)
- National 911 Program Office, US Department of Transportation
- National Action Alliance for Suicide Prevention (NAASP)
- National Alliance on Mental Illness (NAMI)
- National Association of Black Law Enforcement Officers (NABLEO)
- National Association of Emergency Medical Technicians (NAEMT)
- National Association of Police Organizations (NAPO)
- National Association of State 911 Administrators (NASNA)
- National Association of State EMS Officials (NASEMSO)
- National Association of State Mental Health Program Directors (NASMHPD)
- National Co-Responder Consortium
- National Council for Mental Wellbeing (NCMW)
- National Emergency Medical Services Information System (NEMSIS)
- National Emergency Number Association (NENA)
- National EMS Management Association (NEMSMA)
- National Fire Protection Association (NFPA)
- Vibrant Emotional Health (VEH)

“Figure out ‘what the win is’ for the people you are working with—for example, showing cost savings made a huge difference in our efforts to get recognition and funding from the City of Houston. Knowing the win for them and connecting it to the work is a good way to build consensus.”

—Jennifer Battle, MSW, Vice President, Community Access and Engagement, The Harris Center for Mental Health and Intellectual and Developmental Disabilities

Definitions

Coordination: organizing different elements in complex systems to enable them to work together effectively.

Collaboration: working with each other to produce or create something.

Integration: to bring together or incorporate parts into a whole.

Interconnectedness: the state of being connected with each other; mutually joined or related.

Interoperability: the ability of computer systems or software to exchange and make use of data information. A broader definition takes into account social, political, and organizational factors that impact system-to-system performance.

2024

Crisis Systems Coordination and Collaboration: Leveraging Strengths and Opportunity of 988 and 911



Connected and Strong

Sixth in a Series of Ten Technical Assistance Briefs to Foster Unity and Strengthen Continuity Across Crisis Response and Treatment Systems

SAMHSA
Substance Abuse and Mental Health
Services Administration

Highlights:

GRAND RESPONSE ACCESS NETWORK ON-DEMAND MODEL IN OKLAHOMA

At-a-Glance

TECHNOLOGY
iPads provided to individuals and law enforcement officers equipped with myCare Patient app.



INTENDED USE
Virtually connect individuals in crisis & law enforcement officers to trained behavioral health clinicians.



PRIMARY USERS
Individuals experiencing a behavioral health crisis and law enforcement officers in the field.



REALIZED BENEFITS

- 93.1% decrease in hospitalizations for adult GRAND clients at any OK psychiatric hospital.
- \$62 million savings to the mental health system over five years.
- \$718,000 savings to Law Enforcement

Source: Brinson, J., & Washington, C. (2022). An evaluation of the Grand Response Access Network on Demand Model (GRAND Model): Evidence of Effective Outcomes. National Association of State Mental Health Program Directors Research Institute. www.nasmhpd.org

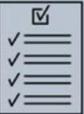
MCNABB CENTER'S CRISIS SERVICES DESKTOP APPLICATION IN TENNESSEE

At-a-Glance

TECHNOLOGY
Desktop interface, or application, for crisis services data entry.



INTENDED USE
Streamline data reporting from Crisis Services Clinicians and simplify report development.



PRIMARY USERS
Crisis Clinicians use the application to enter data, while McNabb Center management uses the interface to create reports.



REALIZED BENEFITS

- Up to 312 hours per year of staff time for data entry.
- Simplifies data reporting to stakeholders, including McNabb Center leadership and the state mental health authority.

Source: Interview with NBI and staff from the McNabb Center for Mental Health Staff on February 14, 2023.

UTE PASS REGIONAL HEALTH SERVICE DISTRICT COMMUNITY PARAMEDICINE

At-a-Glance

TECHNOLOGY
Satellite and cellular connected telehealth through paramedicine to provide comprehensive care.



INTENDED USE
Enhance service delivery by Community Paramedics, and divert from higher levels of care..



PRIMARY USERS
Individuals experiencing a crisis are connected to appropriate services through satellite and cellular-connected telehealth.



REALIZED BENEFITS
\$4 million annual downstream cost savings by diverting from EDs to evidence-based levels of care, and high levels of client satisfaction.



COST INFORMATION

- \$584,169 - EMS cost-per-unit (readiness cost)
- \$134,055 - PACT cost-per-unit (readiness cost)



Source: Interview with NBI and staff from the Ute Pass Regional Health Services District, February 21, 2023.

CONNECTICUT'S BEHAVIORAL HEALTH SERVICES REGISTRIES

At-a-Glance

TECHNOLOGY
Mental Health and Substance Use Service Registries



INTENDED USE
Identify available mental health and substance use services for adults across the state



PRIMARY USERS
Individuals and their families in need of behavioral health services; Connecticut's Access Line, 988 Call Centers, & Mobile Crisis Teams



REALIZED BENEFITS
Increased access to and awareness of available behavioral health programs across the state.



COST INFORMATION

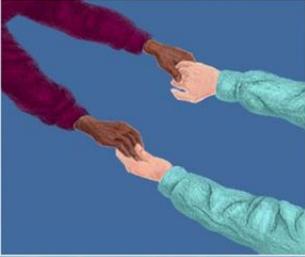
- \$150,000 from SAMHSA TTI Funding
- \$7,600 annual hosting fee



Source: Interview with NBI and staff from the Connecticut Department of Mental Health and Addiction Services on February 9, 2023.

2024

Innovative Uses of Technology to Enhance Access to Services Within the Crisis Continuum

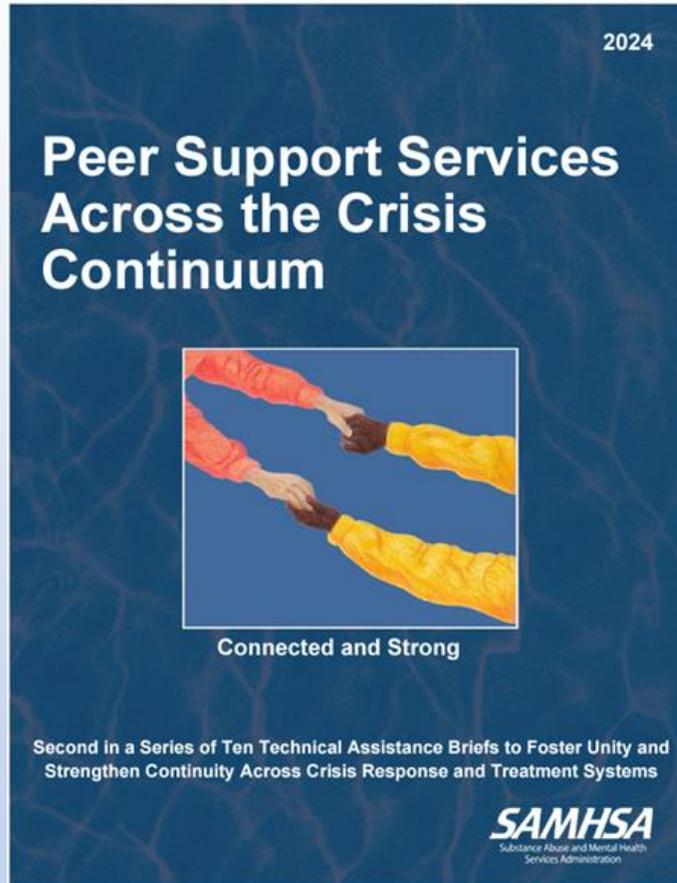


Connected and Strong

Fifth in a Series of Ten Technical Assistance Briefs to Foster Unity and Strengthen Continuity Across Crisis Response and Treatment Systems

SAMHSA
Substance Abuse and Mental Health Services Administration

Highlights:



What peer support workers should do:

- Serve as a role model.
- Provide support during a crisis.
- Help with goal setting and wellness planning.
- Make connections with other services and supports.

What peer support workers should not do:

- Perform work that does not meaningfully contribute to care.
- Act as a sponsor, therapist, or clinician.
- Assess, diagnose, or treat an individual.
- Assimilate into other roles.