Thom Craig, Director Mental Health Program
Supporting Improvements in Ohio’s Crisis Response Continuum
Partners

Ohio Department of Mental Health and Addiction Services

CCOE OHIO CRIMINAL JUSTICE COORDINATING CENTER OF EXCELLENCE

THE STEPPING UP INITIATIVE

AcBHA Association of County Behavioral Health Authorities

NAMI National Alliance on Mental Illness

PEG'S FOUNDATION
Do we have behavioral health call centers that work to connect people with service and are dispatching mobile response?

Do we have police drop off options that include 23 hour intensive assessment centers that are open 24/7?

Do we have mobile crisis response?

Do emergency rooms do behavioral health assessment?
Do we have short-term residential? Crisis stabilization units (CSUs) and residential rehabilitation beds?
Snapshot of location and types of crisis response programs in Ohio

Development of a map of all crisis response service in Ohio

How do we determine location of new services?

How do we evaluate current services, look for gaps and plan future enhancements?

Is it possible to create a local or regional crisis response report? (Some counties and multicounty areas have done this)
What are others doing around the country?

We visited eight centers in five states:

1) Arizona
2) Delaware
3) Florida
4) Virginia
5) Kansas

We saw always open: call centers, mobile teams, 23 hour crisis care drop off centers and residential stabilization programs.
ConnectionsAZ tours and traveling the country helping other communities with their consulting arm CXNS

Tucson’s Crisis Response Center

Urgent Psychiatric Center
Phoenix, Arizona
CIT Assessment Center
Blacksburg Virginia
RI Crisis Response Center Delaware

RI’s “Living Rooms” provide a home-like, soothing and comfortable environment.
Arlington Virginia Crisis Intervention Center
What are we learning?

• Some states have an overall plan or regional plans and a **national framework** is being developed.

• Crisis response can be developed in phases **based on local needs** assessment.

• We need to define terms carefully because the operation varies from place to place but **we need common definitions**.
What areas do we need further training?

1. No wrong door “take everyone” Co-occurring Capable Crisis Drop off Centers
2. Call Centers that are “Care Traffic Control Centers”
3. Use, training, and recruitment of peers in the crisis workforce
4. Mobile Crisis Response teams
5. Children specific response considerations, models and linkages
6. Crisis residential stabilization, rehabilitation, creating more options or “rungs on the ladder” to have less restrictive settings than inpatient beds
7. Payment models that allow sustainability and value based
8. Rural/Low population solutions to crisis response
Tracking performance measures

- Length of Stay
- Diversion From Inpatient
- Police Turnaround Time
- Restraint Use
- Patient Satisfaction
- Return Visits Within 72 Hours

David Covington demonstrates use of the Crisis Tech 360 electronic bed board to track key performance metrics and improve outcomes.
NEOMED Criminal Justice Coordinating Center of Excellence is hosting learning materials on the web page as follows:

https://www.neomed.edu/cjccoe/sequential-intercept-mapping/the-ultimate-intercept/

Once on the page, click on The Crisis Response System

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