

# Crisis Services: Assisting People With a Behavioral Health Emergency

## Introduction to the Crisis Service System

A behavioral health crisis is a significant event or feeling of instability in a person's life that causes them to feel that they are unable to manage on their own. The events or stresses leading to a crisis will vary from person to person; severe trauma, the loss of a job, substance abuse, difficulties in personal relationships, symptoms of mental illness, or everyday stress are common causes of behavioral health crises. In an effective behavioral health care system, a variety of crisis services – telephone, mobile, and residential – should be available to help people when they experience a crisis.

The Allegheny County Department of Human Services began the process of consolidating and reorganizing its crisis service system to better utilize resources and to make the system more accessible to community members. After an assessment of local needs and best practices, the County contracted



with Western Psychiatric Institute and Clinic (WPIC) to operate the re:solve Crisis Network. The Network has now been active for over a year, and the resources that it offers have impacted how people in Allegheny County deal with crises.

This report describes the services available through re:solve and how they reflect the characteristics of effective crisis service systems. This report also describes how the use of crisis services has expanded since re:solve began and how people connect to other behavioral health services after a crisis.

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## Re:solve Crisis Network Begins Serving Allegheny County

July 2008 marked the start date for re:solve Crisis Network in Allegheny County. This collaboration between the Allegheny County Department of Human Services, Western Psychiatric Institute and Clinic, and Community Care Behavioral Health was developed as a part of the reorganization of the crisis service system in Allegheny County. Prior to re:solve, the types of crisis services available were limited and services were not centralized. Designed to be an all-inclusive resource center for people experiencing crisis, re:solve *(Continued on next page)*

## Dealing With Crisis - A Personal Story

Hello, my name is Andrew. I have been to a lot of different places since I first came to Pittsburgh with no hopes, dreams, or ambitions. After learning about the re:solve Crisis Network I went, thinking it could very well be another dead end. I went there and was immediately accepted by all the staff members and shown that people really do get second, third, and possibly fourth chances at life just by coming as they are. I had never been to something that worked out so well as what goes on within the walls of the crisis center.

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## Re:solve Crisis Network, Continued

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provides services 24 hours a day, 365 days a year to all community members, regardless of their insurance status or previous involvement with behavioral health services. The philosophy that guides operations at re:solve is the belief that the person defines their crisis. This perspective has allowed re:solve to work with individuals with a range of behavioral health issues, from severe trauma to everyday stress.

Re:solve houses a complete spectrum of crisis services under one roof. This building, located at 333 North Braddock Avenue in the neighborhood of Point Breeze, houses the crisis call-center, mobile crisis team dispatch, walk-in and overnight crisis services, as well as service coordination.

The telephone crisis call center and mobile crisis response teams became active in July 2008. The call center, which can be reached at 1-888-7-YOU CAN, functions as both a hotline for people experiencing a crisis, as well as a dispatch center for mobile crisis teams. Mobile teams are able to travel anywhere within Allegheny County to respond to a crisis in person, if that is the caller's preference.

In January 2009, re:solve initiated walk-in and residential crisis services at its Braddock Avenue location. Walk-in services provide immediate access to a safe environment, without the need for a prior appointment. If a person requires additional measures to ensure their safety and stability, residential

services are available at re:solve as well.

Residential services at re:solve can serve up to 14 people at a time (4 adolescents and 10 adults) for up to three days.

While re:solve is a safe place for people to begin their recovery from crisis, most of the recovery process itself will occur after the person leaves the facility. For this reason, one of the most important functions of re:solve is to help people develop plans to address the next steps to take following a critical event. This plan may include connecting with a person's current behavioral health provider, making referrals to other levels of care, or linking people to other community and social supports. A multifaceted group, including clinicians, counselors, peer supports and service coordinators, work at re:solve to assist people in developing these recovery action plans.

Re:solve staff routinely interact with medical entities and law enforcement in an effort to ensure that all people having behavioral health crises are able to access appropriate services. It is hoped that this collaboration will result in more efficient and effective responses to people's needs, without stigmatization or criminalization.

*"The mission of re:solve Crisis Network is to provide a safety net for all residents of Allegheny County who are experiencing a crisis."*



The re:solve Crisis Network facility on Braddock Avenue in Point Breeze.

## Components of an Effective Crisis Service System

The Allegheny County Crisis Services Planning Committee used a document<sup>1</sup> developed by the Technical Assistance Collaborative, Inc. (TAC) to guide the reorganization of the county's crisis system. The document described the essential components of a crisis system and highlighted the following system functions:

- **Provide timely access to varied services**

An array of services should be available 24 hours a day, seven days a week. Services are

accessible by phone or in person, and serve the needs of the target population.

- **Coordinate care**

High functioning crisis systems coordinate with other mental and physical health providers as well agencies that assist with housing, employment, and legal services.

- **Enable a more efficient system**

Effective crisis service systems eliminate excess cost and lost time by providing the most appropriate services and referrals.

<sup>1</sup> TAC, "A Community-Based Comprehensive Psychiatric Crisis Response Service." April, 2005.

Online at [www.TACINC.org](http://www.TACINC.org)

## Service Utilization - Trends and Cost

The number of people using Medical Assistance and county-funded crisis services has increased in the last two years. In the first six months of 2008, 1,378 people accessed mobile, walk-in, CACTIS (Child and Adolescent Crisis Team Intervention Services) and residential services. Nearly 2,500 people accessed crisis services in the last half of 2008, and in the first six months of 2009 the

number of people increased to over 2,700. These increases are due to expanded crisis system capacity, as well as a marketing campaign to make crisis services more visible to community members.

Figure 1 on the following page shows how the number of people that used different types of crisis services has changed since the

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*"An array of crisis services should be available twenty-four hours a day, seven days a week."*

## The Face of Crisis Services in Allegheny County

Crisis services in Allegheny County have grown in number and capacity. Subsequently, the number of people using crisis services has also increased. From the time re:solve opened in July 2008 to the end of September 2009, nearly 7,000 individuals accessed mobile, walk-in, residential or CACTIS crisis services funded by Allegheny County or Medical Assistance. The demographics of this group (at right) have remained stable as the overall number of people using crisis services has increased.

### **From July 2008 through**

### **September 2009:**

- Over 7,000 individuals accessed crisis services;
- Sixty-four percent (64%) of service users were adults, 36% were children and youth younger than 21 years;
- Users were split evenly by gender; and
- Caucasians made up the largest racial group of crisis service users (43%), followed by African-Americans (33%).

## Service Utilization, Continued

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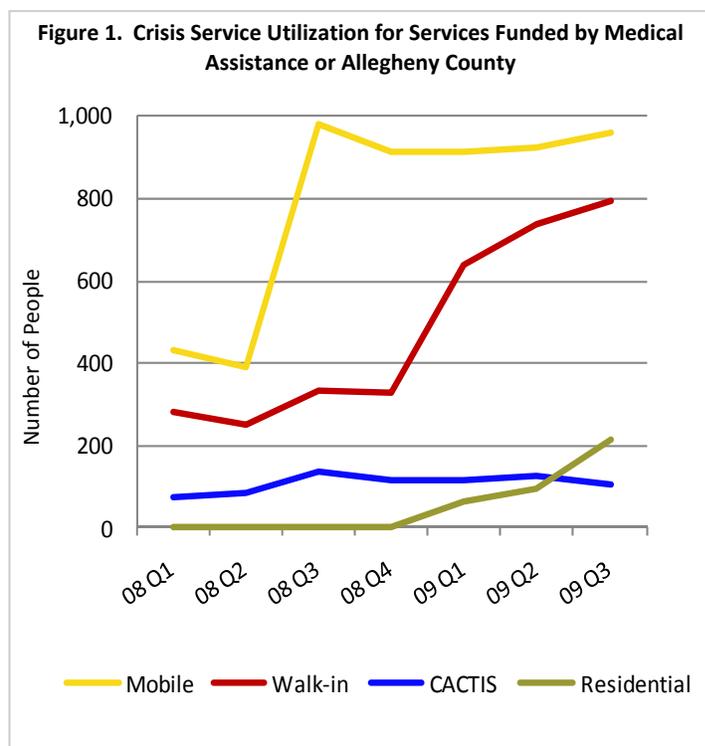
first quarter of 2008. The graph shows increases in the number of people that used mobile and walk-in services in the quarters when those services became available through re:solve (third quarter 2008 and first quarter 2009, respectively). The number of people who used residential services has continued to increase since the service became available through re:solve in the first quarter of 2009.

The number of calls received by re:solve's telephone crisis hotline has also grown. From January through October 2009, re:solve responded to over 15,000 calls to their 1-888-7-YOU-CAN number.

Half of these calls occurred in September and October alone.

In the third quarter of 2009, the average cost per person across all crisis services was \$833. This measure has fluctuated over time, but there has been a general upward trend in average cost per person as more services have been added and as utilization of those services has increased.

Between the second and third quarters of 2009, the service that had the greatest increase in cost per person was walk-in crisis.



*“From January through October 2009, re:solve responded to over 15,000 calls to their 1-888-7-YOU-CAN phone number.”*

## Continuity of Care - Service Use Before and After Crisis

The re:solve Crisis Network is a safety net for people who feel overwhelmed by unstable environments or stressful events. This set of services is designed to be short-term, with the primary goal being stabilization and quick reintegration into the community. Because of the time-limited nature of crisis services, another goal is to link people with behavioral health care that they can access on a regular or as-needed basis following their crisis visit.

Figure 2 (next page) shows the number of people who accessed crisis services in the quarter, and the number of people that had a

non-crisis behavioral health service in the 30 days before or after their crisis. The data shows that many people who received crisis services from re:solve are not connected to behavioral health services in the 30 days prior to their crisis event. These individuals may not have been connected to the behavioral health care system previously, or they may have been inactive in the system for the 30 days prior to their crisis. As the distinct number of people using crisis has increased over time (green bars) the

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## Continuity of Care, Continued

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proportion of people accessing services before and after a crisis remains relatively stable (56% before and 69% after, on average).

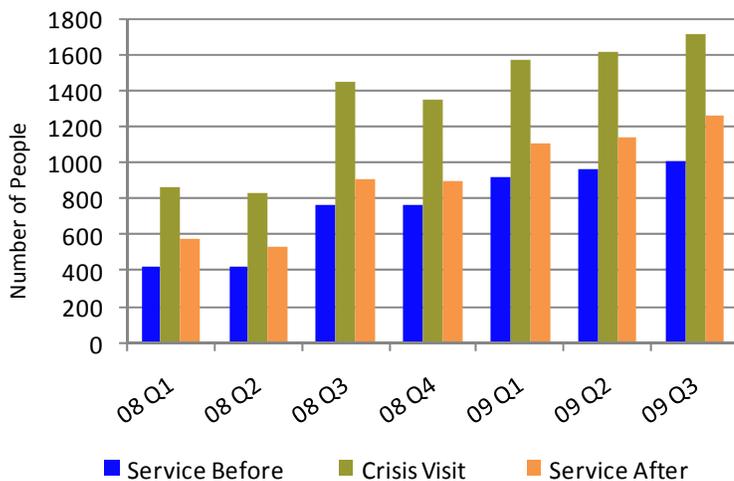
It is important to note that because this data is drawn from claims, it only captures services that are billable to either Medical Assistance or Allegheny County. Following a crisis, people also frequently access non-billable

services and supports (e.g. Alcoholics Anonymous, Narcotics Anonymous, the Allegheny County Housing Authority, etc.) that are not included in this analysis. Despite this limitation, the data suggests that more people access behavioral health treatment or services following their crisis than before the event. While all people may not need or want services after they have addressed their crisis, continued engagement in the behavioral health system is generally considered a

positive outcome. This outcome shows that the re:solve Crisis Network in Allegheny County is filling a role as a point of entry to the behavioral health system. It may also indicate that re:solve is helping people in crisis coordinate their behavioral health care by connecting the dots between individuals and providers through short-term service coordination.

*“...Re:solve Crisis Network in Allegheny County is filling a role as a point of entry to the behavioral health system.”*

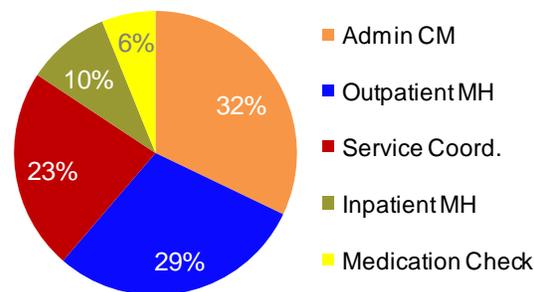
**Figure 2. Distinct Count of People Who Used Non-Crisis Behavioral Health Services +/- 30 Days from Crisis Date of Service**



## First Services Commonly Accessed Following Crisis

Figure 3 shows the five most commonly accessed services in the 30 days following a crisis event that occurred from January, 2008 through September, 2009.<sup>2</sup> While other types of services were also accessed, these five represent 71% of the services that people used immediately following a crisis. Administrative case management was the most frequently accessed service, followed by outpatient mental health and service coordination.

**Figure 3: First Service Accessed In the 30 Days After a Crisis; Top Five Services**



<sup>2</sup> If a person accessed more than one service on the same day, both services were included in the count.

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## Dealing with Crisis - A Personal Story

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I am now employed and looking at my first real apartment in over a year. I have been given things I would have never thought possible, such as rides to work and bus passes to make sure that I can get back to and from work. I was also turned on to other services in the area such as Operation: Safety Net. I would say to anyone who has felt like giving up to try the crisis center before you think you have run completely out of options. Thank you to everyone at the re:solve Crisis Center from the bottom of my heart.

-Andrew, November 2009

*"I would say to anyone who has felt like giving up to try the [re:solve] crisis center before you think you have run completely out of options."*



**Allegheny HealthChoices, Inc.  
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Pittsburgh, PA 15222**

Our mission is to assure equitable access to quality, cost-effective behavioral health care that promotes positive clinical outcomes, recovery, and resiliency.

Allegheny HealthChoices, Inc. (AHCI) is an innovative non-profit agency dedicated to supporting the provision of high-quality mental health and substance abuse treatment.

Our services cover a range of areas:

- System Development and Planning
- HealthChoices (Medicaid) Oversight
- Assertive Community Treatment (ACT) and Community Treatment Teams (CTT)
- Housing
- Information Systems

Visit us at [www.ahci.org](http://www.ahci.org) to learn more about our projects and services in Allegheny and other Southwestern Pennsylvania counties.

**AHCI is a contract agency for the Allegheny County Department of Human Services' HealthChoices Program**