Expanding Behavioral Crisis Care: Expansion of Psychiatric and Addiction-Care Services through a 23/7 Behavioral Crisis Center

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Abstract : Objectives: Behavioral Crisis Center (BCC) is a community solution to a community problem. There has been an exponential increase in the incidence and prevalence of mental health crises around the world. The effects of the crisis negatively impact our patients and their families and strain the law enforcement and emergency room. The goal of the multidisciplinary care model is to break the crisis cycle and provide 24-7 rapid access to an acre and crisis stabilization. We initiated our first BCC care center in 2020 in the midst of the COVID pandemic and have seen a remarkable improvement in patient 'care and positive financial outcome. Background: Mental illnesses are common in the United States. Nearly one in five U.S. adults live with a mental illness (52.9 million in 2020). This number represented 21.0% of all U.S. adults. To address some of these challenges and help our community, In May 2020, we opened our first Behavioral crisis center (BCC). Since then, we have served more than 2500 patients and is the first southwest Missouri's first 24/7 facility for crisis-level behavioral health and substance use needs. It has been proven to be a more effective place than emergency departments, jails, or local law enforcement. Methods: BCC was started in 2020 to serve the unmet need of the community and provide access to behavioral health and substance use services identified in the community. Funding was possible with significant investment from the county and Missouri Foundation for Health, with contributions from medical partners. It is a multi-disciplinary care center consisting of Physicians, nurse practitioners, nurses, behavioral technicians, peer support specialists, clinical intake specialists, and clinical coordinators and hospitality specialists. The center provides services including psychiatry care, outpatient therapy, community support services, primary care, peer support and engagement. It is connected to a residential treatment facility for substance use treatment for continuity of care and bridging the gap, which has resulted in the completion of treatment and better outcomes. Results: BCC has proven to be a great resource to the community and the Missouri Health Coalition is providing funding to replicate the model in other regions and work on a similar model for children and adolescents. Overall, 29% of the patients seen at BCC are stabilized and discharged with outpatient care. 50% needed acute stabilization in a hospital setting and 21% required long-term admission, mostly for substance use treatment. The local emergency room had a 42% reduction in behavioral health encounters compared to the previous 3 years. Also, by a quick transfer to BCC, the average stay in ER was reduced by 10 hours and time to follow up behavioral health assessment decreased by an average of 4 hours. Uninsured patients are also provided Medicaid application assistance which has benefited 55% of individuals receiving care at BCC. Conclusions: BCC is impacting community health and improving access to quality care and substance use treatment. It is a great investment for our patients and families.

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Keywords : BCC, behvaioral health, community health care, addiction treatment

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