

Re-Imagining Crisis Response: The Crisis Diversion Facility Model

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The Crisis Diversion Facility Model Presents an Opportunity to Provide More Effective Treatment for Individuals in Crisis

Mental illness and substance use disorders affect a large number of Americans,¹ with emergency departments (EDs) and law enforcement often serving as the most frequent respondents to individuals in crisis.² Crisis Diversion Facilities can provide targeted, specialized mental health and substance use treatment that can stabilize people in crisis, reduce unnecessary and costly emergency room use and jail stays, and increase access to critical health and support services for vulnerable members of communities.

From 2006 to 2014, ED visits related to mental health/substance abuse increased by 44.1 percent.³ A 2014 study found that almost half of inmates in jails were diagnosed with a mental illness (48 percent); of those, 29 percent had a serious mental illness and 26 percent had a history of a substance use disorder.⁴ Law enforcement and emergency health responses to people experiencing crises as a result of mental illness, lack of housing, or substance misuse places enormous strain on these sectors, and far too often results in fragmented, costly, and uncoordinated care. Communities across the country are responding to this challenge by implementing a range of strategies to better coordinate and deliver targeted, effective treatment to individuals in crisis, demonstrating promise in providing time-saving and effective alternatives for first responders, decreasing transports to hospitals and jails, and in several communities, generating significant cost efficiencies.

Early Results from Communities Across the Country

BEXAR COUNTY

\$96,740,478

First eight years of operation of the Restoration Center (2008 to 2015) resulted in \$96,740,478 in cost avoidance for City and County jails, emergency rooms, and court rooms.

PENNINGTON COUNTY

\$3,901,968

Over six years (2011 to 2017) of deflection of individuals from the ED to the Crisis Care Center resulted in an estimated \$3,901,968 in ED cost avoidance.

PIMA COUNTY

DOWN 36%

Co-responder Mental Health Specialty Teams (law enforcement/clinician co-responder) have decreased the rate of hospitalization for subjects of behavioral health crisis calls from 51% to 15%.



The Crisis Diversion Facility Model: A Coordinated Hub of Crisis Services & Treatment

The crisis diversion facility plays a critical role in supporting a coordinated continuum of crisis services and treatment, serving as a physical hub of services to prevent and respond to mental health crises and the aftermath of drug overdoses, and to support engagement in ongoing, community-based treatment and services. Coordinated crisis response systems offer a “person-centered” continuum of care that aligns available treatment and services with the needs of the individual in different stages of behavioral health crisis.

The model crisis diversion facility ...

- ✓ Improves the health and wellbeing of individuals experiencing behavioral health crisis and those with repeated criminal justice system encounters by integrating supports and health care, and law enforcement, criminal justice, and emergency agencies, to improve access to services that reduce reliance on emergency health and public safety responses;
- ✓ Is a coordinated community approach by stakeholders with key roles and responsibilities in the system of care that leverages multiple funding streams and community investment;
- ✓ Is developed in alignment with best practices and evidence-based models for driving a service delivery system that is trauma-informed, person-centered, and recovery-oriented.

Crisis Diversion Facilities combine and coordinate criminal justice and healthcare response in one facility, demonstrating promise in providing time-saving and effective responses for first responders, reducing unnecessary and costly emergency room use and jail stays, and in some communities, generating significant cost efficiencies.

Services include:

- 24-hour Crisis Lines provide assessment, screening, triage, preliminary counseling, and information and referral services;
- Dedicated First Responder Drop-Off Centers enable law enforcement, Fire or EMT/EMS to handoff individuals in crisis to behavioral health specialists in as little as 15 minutes, allowing them to quickly return to service;
- Walk-in Crisis Services, that provide behavioral health services to the community on a walk-in basis;
- Mobile Crisis Teams, mental health professionals who are available to respond to calls for service at the request of law enforcement officers to support de-escalation, and on-the-spot community-based screening and assessment;
- Crisis Stabilization Units (CSUs), inpatient facilities of less than 16 beds for people in a mental health crisis; CSUs serve as a hospital alternative for those whose needs cannot be met safely in residential service settings.

Partnering with Arnold Ventures, Health Management Associates completed a report that highlights best practices for Crisis Diversion Facilities. Four case study reports highlight different community approaches to developing and managing a crisis diversion facility, including how each site leveraged integrated funding; data sharing and analysis; interagency governance and coordination; and a coordinated service delivery system to improve outcomes for individuals in crisis. The four sites profiled in the Arnold Ventures report, [*Behavioral Health Crisis and Diversion from the Criminal Justice System: A Model for Effective Community Response*](#), cited the following as results of their communities' diversion facility initiatives:

- Improvements in efficiencies and cost savings for county facilities and services, including jails;
- Alternatives to arrest that improve response to and stabilization of community members while reducing the demand on jail infrastructure and related cost;
- Creation of formally aligned, interdepartmental and interagency functions and processes that support accountability at the local and state levels and result in increased effectiveness;
- Sobering, detoxification, and crisis services offered at the crisis diversion facility reduce emergency department and inpatient admission costs generated by individuals without insurance.

Want to Learn More?

In addition to the report, HMA developed a detailed guidebook, [A Community Guide for Development of a Crisis Diversion Facility](#), for communities seeking to develop a crisis diversion facility, which includes guidelines to promote system transformation through information compiled and lessons learned from successful implementations of such facilities. The report provides guidance on establishing stakeholder governance; systematic data sharing and analysis; sustainable funding; and an integrated service delivery system that leverages partnerships and evidence-based practices. For additional information, please visit ArnoldVentures.org.

Facilities

The Crisis Receiving Center
Tucson, Pima County, Arizona

The Care Campus
Rapid City, Pennington County,
South Dakota

**Behavioral Health Urgent
Care Center**
Knoxville, Knox County, Tennessee

The Restoration Center
San Antonio, Bexar County, Texas

FOOTNOTES

1. National Alliance on *Mental Illness* (2019). *Mental Health By The Numbers*. Available at <https://www.nami.org/learn-more/mental-health-by-the-numbers>.
2. Nguyen, T. & Davis, K. (2016). *The State of Mental Health in American 2017*. Mental Health America. Available at <https://www.mentalhealthamerica.net/sites/default/files/2017%20MH%20in%20America%20Compressed.pdf>.
3. Moore, B et al. (2017). *Trends in Emergency Department Visits, 2006-2014*. Agency for Healthcare Research and Quality. Available at <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb227-Emergency-Department-Visit-Trends.pdf>.
4. McCarthy, M. (2014). *US Jails Hold 10 Times More Mentally Ill People Than State Hospitals, Report Finds*. The BMJ. Available at <https://www.bmj.com/content/348/bmj.g2705>.