

REDESIGNING THE STATE CRISIS SYSTEM:

ALABAMA



“All of these initiatives are interrelated and their stakeholders are often the same people. Networking has got us thinking outside the box.”

–Anthony Reynolds, Crisis Care Program Director

VISION

In 2020, the Alabama Legislature appropriated substantial state funds to begin a crisis system redesign to include crisis diversion centers; rural mobile crisis teams (mobile crisis services); and the Alabama Stepping Up Initiative (jail diversion and community engagement) which will continue expansion efforts into all 67 counties over the next two years with state and local matching funds. The vision driving this effort is to significantly reduce the number of people with behavioral health disorders in jail and incidents of housing in hospital emergency departments while waiting for care. Alabama Department of Mental Health (ADMH) adopted SAMHSA's National Guidelines for Behavioral Health Crisis Care; Best Practice Toolkit as its model for crisis redesign of infrastructure, settings, and policies and to coordinate fragmented services. ADMH brought together stakeholders including policy makers, members of the 9-8-8 Study Commission (created in Act 2021-359), health officials, state Medicaid, provider organizations, law enforcement and emergency medical technicians, Lifeline operators, NAMI – Alabama, Recovery Networks, and emergency management services (911) to collaborate on its crisis system redesign.

JAIL DIVERSION APPROACH

Alabama's Crisis System of Care approach includes the development of a Crisis Center in every region of the state. These crisis intervention and stabilization centers are for individuals in crisis, with an average length of stay less than 24 hours and no longer than 7 days. Crisis centers are staffed by an array of mental health and medical clinicians who provide first responders with an alternative to arrest and incarceration or the emergency room for individuals in behavioral health crisis. Each Crisis Center serves as the hub of crisis care for its region.

MEASURING PROGRESS

There are limited data being collected currently as the crisis centers develop. One measure involves police wait times when they transport an individual to the crisis center. They examine other data, such as length of stay, to determine how best to deploy staff and resources. Other measures will be standardized as ADMH develops a data dashboard.

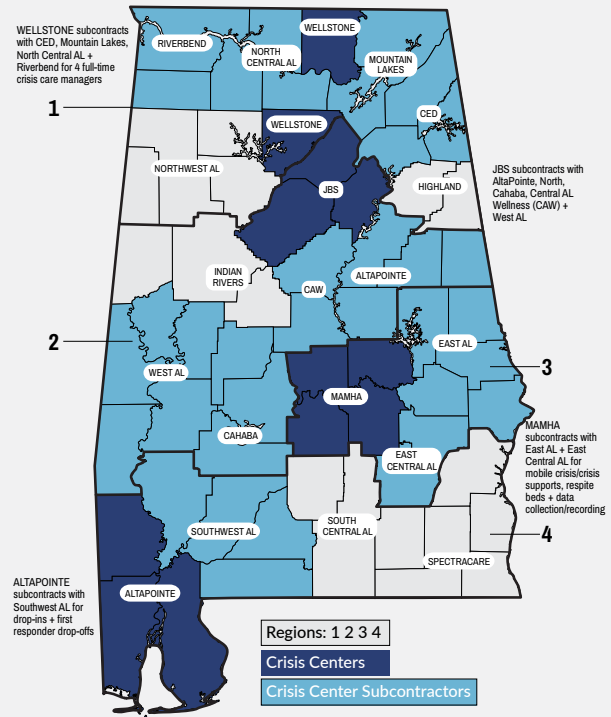
INTEGRATION WITH CRISIS SYSTEM

Crisis Centers coordinate crisis services for their regions. By contract with the state, each Crisis Center must

FIGURE 1: ALABAMA CRISIS SYSTEM OF CARE



FIGURE 2: MAP OF STATE CRISIS COVERAGE



detail how it will work with mobile crisis teams, hospital emergency departments, emergency medical technicians, and law enforcement. Two current lifeline call providers, along with newly onboarded lifeline call providers, will become the state’s 988 call centers in July 2022. The determination of the primary and back-up call takers will be determined at the regional level through established agreements.

BEHAVIORAL HEALTH EQUITY

ADMH is committed to integrating every community into its statewide crisis system of care to ensure equal access to “right care, right time, right place” including in rural communities. Crisis Centers are the service hubs in each of their respective regions, coordinating crisis care with mobile crisis teams and case managers in communities through either written agreements or subcontracts. Community Mental Health Centers (see Figure 2) are in the process of developing and incorporating mobile crisis teams, which may include a co-response with law enforcement and emergency medical personnel, crisis peer support, crisis case management, regional call centers, and respite options.

PROJECT LEGACY

The result of this project has been the formulation of a crisis system design that integrates 988 crisis call centers. The crisis system provides individuals with alternatives to long waits in hospital emergency departments or involvement in the justice system when they are undergoing a behavioral health crisis.

WHAT HAS THE CRISIS SYSTEM REDESIGN PROCESS TAUGHT US?

Staff recognize that many of the participants on the 988 Study Commission were involved in similar initiatives such as the 988 State Implementation Coalition that seek to bring about a new and more comprehensive vision of the crisis system, including how services can be sustained. The group was particularly useful in understanding the diversity of rural and underserved communities. In part, because of their input, crisis centers have some flexibility in how they engage mobile crisis teams, coordinate with law enforcement, and deploy staff.

For further information about this project, contact Ada Katherine van Wyhe at ada.wyhe@mh.alabama.gov.