Medical Approaches to Mental Health and Substance Use Crisis Encounters

Chuck Browning M.D.
Chief Medical Officer, RI International; Medical Director, Behavioral Health Link; Medical Director Institute, National Council for Wellbeing

Deb Pinals M.D.
Senior Medical and Forensic Advisor and Editor-in-Chief, and Chair, Medical Directors Division, National Association of State Mental Health Program Directors; Adjunct Clinical Professor of Psychiatry, Director, Program in Psychiatry, Law and Ethics, University of Michigan; Medical Director, Behavioral Health and Forensic Programs, Michigan Department of Health and Human Services
It’s Been
A BAD DAY
Connected and Strong

Other Authors

Robert O. Cotes, MD
Director, Clinical and Research Program for Psychosis at Grady Health System;
Associate Professor, Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine;
Physician Expert, SMI Adviser

Lisa St. George, MSW, CPRP
Certified Peer Recovery Support Specialist; Senior Consultant, Hidayah Enterprizes;
Open Minds Advisory Board Member;
Lived Experience Advisory Board, Suicide Prevention Resource Center;
Member PCORI National Team;
Member Arizona State University Southwest Interdisciplinary Research Center Board

Michael A Riddle, MD
Associate Chief Medical Officer, RI International
Clinical Assistant Professor, Psychiatry, University of Arizona
Everyday in crisis shunted through Hospital ED for medical clearance

Some jailed on nuisance crimes

Limited Capacity Acute Care

Current Flow

Learn more at CrisisNow.com
The Crisis Now Difference

Phoenix, Arizona

Learn more at CrisisNow.com
The Crisis Now Difference

Public Safety Threat

Medical Emergency

Mobile Crisis

Crisis Pathway

Crisis Facilities

Stabilized in Community
Connected to Additional Resources

Limited Capacity Acute Care

911

Crisis Hub

988

Police Engagement

Learn more at CrisisNow.com
“42-year-old male presents voluntarily while intoxicated with alcohol with a breathalyzer of 0.18 level and reports feeling shaky. He wants help with depression, alcohol use, traumatic nightmares causing insomnia, and thoughts of suicide that worsen when he drinks. He has a history of complicated alcohol withdrawal with some seizures. He has hypertension and Non-Insulin Dependent Diabetes Mellitus (NIDDM) but has not been on medications or seen by a primary care physician in over a year.”
"63-year-old female status post overdose attempt which was medically cleared for overdose in the emergency department and sent to behavioral health crisis center as a referral on involuntary commitment. She uses a walker, is on a blood thinner, and is on twelve different medications for multiple medical issues."
"24-year-old homeless male brought in against his will by law enforcement with high levels of aggression and agitation threatening officers and trying to harm self by running into traffic. Known in the community and from prior visits to have a history of schizophrenia, he reports he has not been on his medications for over two months and has been using methamphetamine on the streets daily since leaving a longer-term hospitalization a few months ago."
"15-year-old young teen brought in by parents due to finding written recent threats of plans to harm self by overdose. She has a diagnosis of Insulin Dependent Diabetes Mellitus (IDDM) and presents with an insulin pump. “
Niche/Boutique vs. Core Crisis Care (Everyone)
Connected and Strong

Highlights

Medications

Crisis Continuum Coordination

Medical Stabilization

Care that Feels Like Care

Systems and Tools
What Meds Do We Need?

Mental Health Meds
Emergency Medications
Substance Use
Physical Health Medications
Nicotine Replacement
Supporting SUD

Intoxication

Medical Comorbidities

Withdrawal

Recovery Focused Treatment and Follow-up
Specific Crisis Medication Guidelines

Early Psychosis

Long Acting Injectables

Clozapine

Project Beta (American Association of Emergency Psychiatry)

Medicated- Assisted Treatment

Ketamine
National Guidelines for Behavioral Health Crisis Care
Best Practice Toolkit

SAMHSA
Substance Abuse and Mental Health Services Administration

Peer Powered Practices

• Collaboration
• Strengths focused
• Whole Person Wellness
• Trauma Informed Care
• No Force First

Empowering Interactions
Domains

1. Hiring, Recruitment, Retention and Promotion
2. Clinical Care
3. Workplace Culture
4. Community Advocacy
5. Population Health Outcomes/Evaluation
Whole Person Wellness

Eight Dimensions of Wellness

- Emotional
- Social
- Spiritual
- Occupational
- Intellectual
- Financial
- Physical
- Environmental
Medical Comorbidities in Crisis

WE HAVE CLEARANCE CLARENCE
WHAT'S OUR VECTOR VICTOR?

Still funny...
Crisis Now Difference

The Crisis Pathway

Future State

988
Crisis Hub

GO

911
Public Safety Threat

Medical Emergency

Mobile Crisis

Crisis Facilities

Stabilized in Community
Connected to Additional Resources

Limited Capacity Acute Care

Police Engagement

Learn more at CrisisNow.com
Recommendations

Medical Best Practices

Quality Metrics and Systems

Licensing, Regulatory

Funding
Questions
Thank You

Chuck Browning MD
Charles.Browning@riinternational.com
“Dr.Chuck”