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Dr. Pinals consults and advises to state and other government entities as well as organizations in addition to her
teaching role. The views in this report do not necessarily reflect those of any governmental or other entity with
whom she is affiliated.
Before COVID-19

- Release of the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit by SAMHSA Feb 2020
2017 Recommendations:
1. The vital continuum
2. Terminology
3. Criminal and juvenile justice diversion
4. Emergency treatment practices
5. Psychiatric beds
6. Data-driven solutions
7. Linkages
8. Technology
9. Workforce
10. Partnerships
Availability of early screening, identification and timely response after the onset of mental illness symptoms in youth and adults

Access to effective medication and other evidence-based therapies for individuals with psychiatric conditions

Compliance with legal requirements for health care networks to make the full continuum of psychiatric care accessible to patients

Access without delay to the most appropriate 24/7 psychiatric emergency, crisis stabilization, inpatient or recovery bed

Diversion from arrest, detention or incarceration when individuals with mental illness intersect with the justice system and can be appropriately redirected

Homeless people with serious mental illness permanently housed

Suicides prevented

2018
National Association of State Mental Health Program Directors
2019 Annual Conference

NINE THEMES INCLUDING:
8. Disaster response and opportunity for sustained improvement
9. Mental Health as part of Public Health
8. Disaster response and opportunity for sustained improvement

**US Examples**
- SAMHSA technical assistance with disaster relief
- Expanded knowledge about trauma informed systems

**Lessons from the International Community**
- citiesRISE to transform mental health practices and policies (e.g., Kenya, Bogota)
- Enhanced leveraging through recognition of socio-cultural beliefs and impact of trauma to improve service acceptance (Haiti, Rwanda)
- WHO guide: Building back better: sustainable mental health care after emergencies
Learning from disasters and sustaining improvement

Case Examples from:
- Afghanistan
- Burundi
- Indonesia (Aceh)
- Iraq
- Jordan
- Kosovo
- Somalia
- Sri Lanka
- Timor-Leste
- West Bank and Gaza Strip

“Mental health reform was supported through planning for long-term sustainability from the outset.”

“The mental health system was considered and strengthened as a whole.”
9. Mental health as public health

US Examples

• Suicide prevention initiatives
• School efforts to identify mental health needs early

Lessons from the International Community

• Scotland’s Good Mental Health for All
• UK Thrive into Work
• Mental Wellbeing Impact Assessment Coalition toolkit (England)
COVID-19 AND RAPID SYSTEM SHIFTS
Disaster Preparedness and BH Systems and COVID-19

- COOP Planning
  - Community awareness of plan details

- Global pandemic
  - Unprecedented
  - Demanding
  - Evolving
  - Changing laws
  - Governmental responses
  - Clinical shifts
  - Financial shifts
  - Reliance on federal entities
    - SAMHSA
    - CDC
    - CMS
Preparedness for Medical Bed Need Surge and Its Impact on Psychiatric Beds

“Distinct parts” within General Medical Hospitals

Scatter beds

Planning for COVID-19 on psychiatric units

Access to medical supports when needed

Rapidly evolving
  • PPE and Testing
### Crisis Services and COVID-19

- Crisis call lines, mobile crisis, crisis stabilization and short-term crisis residential services all impacted
- Screening for physical health symptoms
- Shifting to video visits when feasible and clinically appropriate
- SAMHSA Guidelines for BH Crisis Care Best Practices Toolkit issued right before COVID-19
Community Treatment Services

- Partial hospitalization, intensive outpatient, psychosocial rehabilitation day treatment, therapy, medication services
- Shift to telepractices including video and telephonic connections
- Continuing with in-person visits when clinically necessary
Criminal and Civil Justice Interface

- Shifting court processes to video
  - Commitment hearings
  - Guardianship proceedings
  - Criminal matters
  - Forensic services
  - Drug courts, mental health courts, etc.

- Increased reliance on video evaluations and tele-testimony
CRISIS SERVICES: MOMENTUM BEFORE COVID-19
The Sequential Intercept Model:
Introduction of Intercept 0

Pima County's Crisis Response Center: beautiful, and functional, too

July 12, 2012

Dennis Grantham, Editor-in-Chief

My ongoing involvement with the annual Behavioral Healthcare Design Showcase—and a trip earlier this year—gave me an opportunity to visit the CPSA/Pima County Crisis Response Center in Tucson, a design that won top honors in the 2011 Design Showcase. And, while our annual Showcase program honors the efforts of architects and designers involved in behavioral healthcare, we all know that design is just one of the elements.

Zero Suicide

Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems and is also a specific set of strategies and tools. The foundational belief of Zero Suicide is that suicide deaths for individuals under care within health and behavioral health systems are preventable.

Zero Suicide presents both a bold goal and an aspirational challenge. Organizations that have used this approach found a 60-80% reduction in suicide rates among those in care.

The foundational belief of Zero Suicide is that suicide deaths in health care systems are preventable.
Core Elements

• Regional or statewide crisis call centers coordinating in real time
• Centrally deployed, 24/7 mobile crisis
• 23-hour crisis receiving and stabilization programs
• Essential crisis care principles and practices.
Needed Service Array

1. An effective strategy for suicide prevention;
2. An approach that better aligns care to the unique needs of the individual;
3. A preferred strategy for the person in distress that offers services focused on resolving mental health and substance use crisis;
4. A key element to reduce psychiatric hospital bed overuse;
5. An essential resource to eliminate psychiatric boarding in emergency departments;
6. A viable solution to the drains on law enforcement resources in the community; and
7. Crucial to reducing the fragmentation of mental health care
CRISIS SERVICES: LOOKING AHEAD
Birdseye View:
Select Types of Crisis Services

• Warm Lines
• 24-hour Crisis Lines (telephone, text, or chat)
• Mobile Crisis Teams
• Crisis Intervention Teams

• Crisis Centers/Hubs
• Crisis Residential Services
• Living Room/Peer Run Crisis Services
Building Systems Through No Wrong Door and Clear Linkages

• Warm welcoming: ANYONE, ANYWHERE, ANYTIME
• Trauma-Informed
• Person-Centered
• Clear pathways to next steps if needed
Blending Technology with Human Resources

• Air Traffic Control Model
• GPS tracking
• Access to Data Systems
• Taking lessons learned from existing systems
  • COVID-19 and testing access
  • Access to services through 211
Legal Considerations

• Balance for least invasive approaches, but also need to be life-saving
  • Psychiatric Directives
  • AOT
• EMTALA and Access
• HIPAA and 42 CFR Part 2
Equity to Erase Structural Racism

- Trauma-informed
- Equal Access for All
- Policies, practices and principles to eliminate disparities
Regulatory, Policy, and Program Advances and the Work Ahead

- Statutes, regulations
- Policy and funding
- Workforce development
IMAGINE A NEW WORLD: TAYLOR CALLS FOR HELP VIA 988
Comments? Questions? Feedback?

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