

pbH

**Regional Planning Group
Crisis Services Plan**

Submitted to:

Department of Health and Human Services Division of MH/DD/SAS

3/1/2007

Regional Plan Attachments

- Charts/Data/Analysis as Needed to Support Regional Plan
- Financial Plan Specifying Funding Sources and Gaps

Regional Planning Group: pbH

Regional Lead: Brian Ingraham

LME Lead	LME Name
Brian Ingraham	pbH

Briefly describe the process used by the Regional Group to develop this plan:

During the past 2 +years, much effort has been exerted by pbH & it's various community partners & stakeholders in optimizing the adult crisis services continuum. This effort has taken the form of regular meetings with our State & Local hospitals, State MHDDSAS representatives, Law Enforcement Agencies (LEA's) & crisis services providers from throughout our 5 county catchment area. This dynamic group has served as both a planning & problem solving contingency and has contributed to greater role clarification, & enhancements & refinements to many facets of our crisis continuum. This group was also active in the development of operational practices with our newly opened (10/05) 16 bed Facility Based Crisis/Non-Medical Detox facility (CRC). PbH has also assembled key staff to participate in a systematic monthly review of crisis services & inpatient admission data. The knowledge gained from the activities of both of these groups has enabled pbH to aggressively pursue an agenda that has been very clearly identified; to reduce the admission rate & total bed days utilized for acute admissions at State Psychiatric Centers, to reduce the incidence of unnecessary hospitalizations, & to build community capacity to address the stage possible in a manner which is accessible, effective, efficient & attempts to ensure community tenure (see attachment 4). PbH has recently turned it's attention to the needs of children experiencing crises. A panel of family & children's services experts including pbH staff, providers, consumers & family members has been convened as a focus group to plan a crisis continuum for children. PbH anticipates several new crisis related services to be developed in the near future - Mobile Crisis Management services for adults 3/7/07, crisis respite 4/1/07, and Mobile Crisis Services for children 5/1/07.

Upon review of Local LME service array and gaps, the Regional Crisis Planning Group unanimously attests the following:

Unmet need exists for additional facility based crisis beds & non state hospital (voluntary & involuntary) inpatient beds.

After attempts to obtain access to additional Crisis Service Capacity through a community hospital or other community facility, the Regional Crisis Planning Group unanimously attests the following:

No additional current capacity is known to be available for either facility based crisis beds or non state hospital (voluntary & involuntary) inpatient beds.

After determination that the needed capacity of available local inpatient is not sufficient and that a facility-based crisis center is needed and sustainable on a long-term basis, the Regional Crisis Planning Group proposes the following plan to secure additional inpatient capacity or facility-based crisis capacity:

PbH has polled all local hospitals as to their interest in contracting/developing psychiatric inpatient beds. We will continue to attempt to negotiate with all of our catchment area hospitals until such time that it is clear that they are unable to develop beds. At that stage we will work with other vendors to develop the needed additional capacity. PbH intends, as it's first priority, to develop an additional Facility Based Crisis program to meet the demand for psychiatric stabilization, inpatient diversion & Detox. Given the current unmet demand, which results in unnecessary admissions to state hospitals, we will aggressively pursue the expanded development of this level of care (see attachment 2).



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