Chester County 988 / Mental Health Crisis Response System

Planning Project Overview | March 24, 2022

Impact of Brandywine Hospital Closure

- Staffed with behavioral health professionals, had access to psychiatrists and beds designed to meet the needs.
- The Emergency Department had been well equipped and trained to respond to all manners of behavioral health needs and often served as a drop-off site for ambulance and police in the community.
- For 2020, there were 180 individuals in crisis that were served by Brandywine Hospital that filtered through the Valley Creek Crisis Center.
- Brandywine Hospital was the only adult inpatient psychiatric program in the county and subsequently lost access to (16) Geriatric beds, (32) Adult beds, and (16) Eating Disorder beds, a total loss of 64 in-patient beds, which adds to the overall shortage of inpatient psychiatric beds in the region.
- Last month, Bryn Mawr Hospital added 20 additional inpatient beds.
- Over the last two months, the Chester County Department of Emergency Services and Human Services have been working closely with the Chester County Hospital, Paoli Hospital, Phoenixville Hospital and the Chester County EMS Council to make sure that behavioral health patients are more evenly spread between the three hospitals and gain a better understanding of the impact of the closures.

Other Current Mental Health System Challenges

- Hospital Emergency Departments are overwhelmed by patients with mental/behavioral health crises (exacerbated by closure of Brandywine Hospital).
- Current Valley Creek Crisis Center cannot meet demand, especially for mental health mobile crisis response, due to many factors:
  - Staffing capacity and hiring challenges
  - COVID-19 pandemic
  - Increased and more complex mental health needs of residents
- Chester County lacks a dedicated mental health crisis stabilization center/unit that provides 23-hour observation beds and/or medical clearance services available in other communities.
- Limited availability of inpatient and outpatient clinical services results in long wait times for service that is both traumatizing to people in crisis and a burden on healthcare systems.

AMERICA'S FIRST 3-DIGIT MENTAL HEALTH CRISIS LINE

Even before the COVID-19 pandemic, America was suffering historically high suicide and overdose rates and mental health challenges. In 2020 Congress approved 988 to help, but a phone number alone isn't enough. Each state must have a fully-funded crisis response system supporting 988 when it goes live by July 2022.

What is 988?

988 is a safety net for people experiencing a mental health emergency. If fully funded, mobile crisis teams will respond in-person and connect people to care when needed.

Who should use it?

Once 988 goes live, if you or someone you know is having suicidal thoughts, experiencing delusions, or displaying severe symptoms of mental illness, you should call 988 instead of 911.

Why do we need it?

Traditionally, police have responded to mental health emergencies, which require tremendous local resources and often result in criminalizing mental illness. In fact, in 2017, an average of 10% of law enforcement agencies' total budgets and 21% of staff time were spent responding to and transporting persons with mental illness.[1] People with untreated mental illness are 16 times more likely to be killed during a police encounter than other civilians.[2]

What is needed to make 988 work?

Every state needs:

- 24/7 call centers that are adequately staffed by mental health professionals who are specially trained to respond to crises.
- Mobile response teams that are equipped for differing scenarios.
- Crisis stabilization services that also connect people to follow-up care.

HOW CAN YOU HELP?

General public & advocates

- Contact your Congressional representatives and ask them to support states in building a crisis response infrastructure that ensures people get the help they need.
- Contact your state representatives and ask them to pass a bill that includes 988 user fees to support a crisis system that provides a mental health response to mental health crises.
- Ensure 988 implementation and crisis services are key priorities in policy agendas for both state and federal policymakers.
- Engage people with lived experience to inform policy asks.

State policymakers

- Introduce and pass bills that include 988 user fees to support crisis call centers and non-billable mobile crisis and crisis stabilization program costs.

Federal policymakers

- Ensure federal coordination and technical assistance for 988 implementation.
- Provide funding for states to develop and maintain an effective crisis response infrastructure.
- Ensure all payers, including commercial insurers, cover crisis services.

The National Action Alliance for Suicide Prevention's Mental Health & Suicide Prevention National Response to COVID-19 ("National Response") collaborated with chief executives of the nation's leading mental health advocacy organizations and professional associations ("The CEO Huddle") to develop this infographic, which reflects the alignment of both the National Response's *An Action Plan for Strengthening Mental Health and the Prevention of Suicide in the Aftermath of COVID-19* and the CEO Huddle's *A Unified Vision for the Future of Mental Health, Addiction, and Well-Being in the United States*. To learn more, visit *NationalMentalHealthResponse.org/CrisisResponse*

- On a parallel path, during the first six months of 2022, County staff and Capacity for Change (Jason Alexander) are going through a 988 planning process for the purpose of instituting a more effective and comprehensive behavioral health crisis response system.
- Best practices of a comprehensive crisis response system call for three pillars – a Call Center, Mobile Response Teams and a Crisis Stabilization Center.

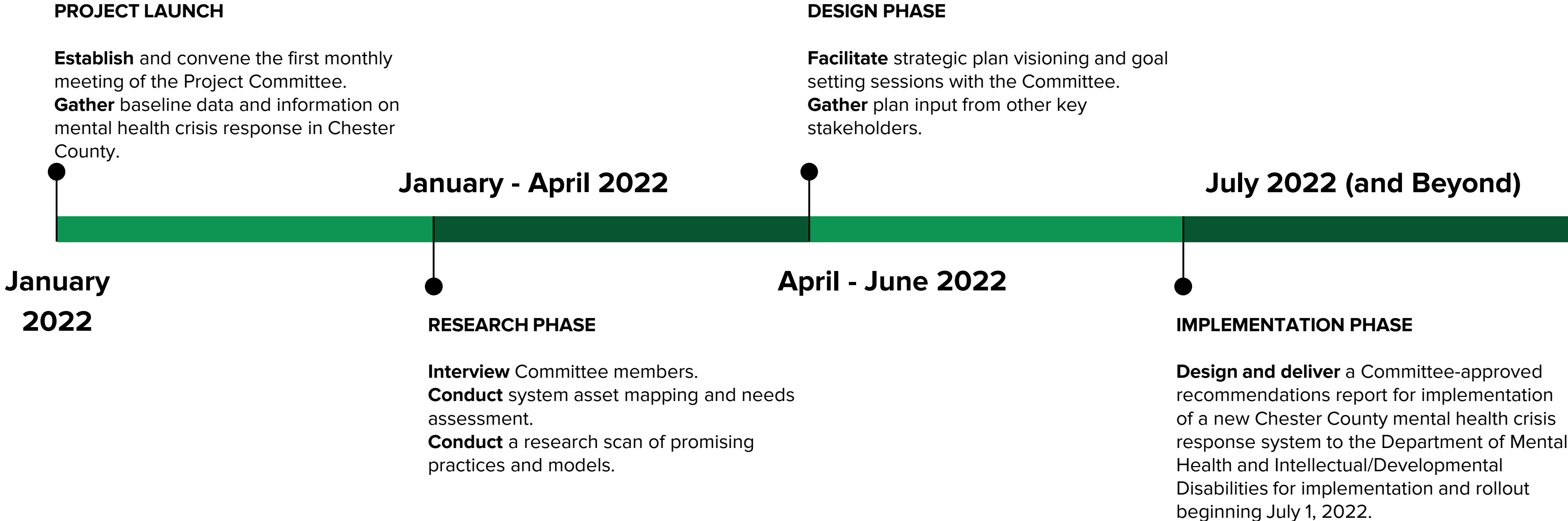
988/Mental Health Crisis Response System Project Goal

Our goal is to develop and implement a more comprehensive, effective, and accessible mental health crisis response system for all Chester County residents.

988/Mental Health Crisis Response System Committee

Aneesha Dhargalkar, Chester County Hospital/Penn Medicine Beth Pickering, Community Care Behavioral Health Bob McCarron, Fraternal Order of Police Lodge #11 Brandon Michaels, Chester County Fire Police Association Candy Craig, Chester County Department of Mental Health/IDD Chaz Brogan, Good Fellowship Ambulance/Chester County EMS Council Chris Murphy, Chester County Probation, Parole & Pretrial Services Chris Pawlowski, Chester County Probation, Parole & Pretrial Services Dave Klein, Brandywine Hospital (former) Deb Ryan, Chester County District Attorney's Office Dolores Colligan, Chester County Department of Community Development Don Altemus, Chester County Department of Mental Health/IDD Advisory Board George Fiore, Chester County Intermediate Unit Gerry DiNunzio, Chester County Fire Chiefs Association Gina Vagnarelli, Chester County Department of Children, Youth & Families Holly O'Connell, A Path To Hope Howard Holland, Downingtown Police Department/Chester County Chiefs of Police Association Jennifer Brion, Chester County Department of Human Services Jessica Fenchel. Access Services Josh Warfield, Chester County Department of Mental Health/IDD Kyle Finucane, Chester County Hospital/Penn Medicine	Linda Cox, Chester County Department of Mental Health/IDD Loran Kundra, NAMI Main Line PA Megan Wesner, Main Line Health Michael Duncan, Chester County Hospital/Penn Medicine Michele Bratina, West Chester University Mike Murphy, Chester County Department of Emergency Services Pat Davis, Chester County Department of Emergency Services Patrick Bokovitz, Chester County Department of Human Services Rob Gilman, Holcomb Behavioral Health Systems Ronan Gannon, LCH Health and Community Services Rosa Stokes, Chester County Department of Children, Youth & Families Sandy Murphy, Chester County Department of Aging Services Scott Alexander, Uwchlan Township Police Department Shivkumar Hatti, Suburban Research Associates/Chester County Department of Human Services Sonja Kenney, Valley Creek Crisis Center Sue Lombardi, Chester County Intermediate Unit Susie Fink, Chester County Department of Mental Health/IDD Tamela Luce, Phoenixville Community Health Foundation Vanessa Briggs, Alliance for Health Equity Vince Brown, Chester County Department of Drug and Alcohol Services Jason Alexander, Capacity for Change, LLC (Consultant)

988/Mental Health Crisis Response System Project Methodology and Timeline



Opportunities for Improvement: 988 Implementation

- Ideally, 988 will provide 24/7 phone, text, and chat for any Chester County resident experiencing a mental health crisis.
- 988 will provide equitable access to all residents regardless of age, race, gender, disability status, income, geographic location, or English proficiency, and other socio-demographic factors.
- 988 will have strong working partnerships with 911, law enforcement, first responders, and other emergency services in Chester County.
- Marketing, community outreach, and public education about 988 are essential to its success.

Opportunities for Improvement: Mobile Crisis Response

- Chester County needs at least one 24/7 mobile crisis response team able to deploy to Emergency Departments, police stations, schools, and community locations.
- It may be ideal to have one team for Southern Chester County and another for the remainder of the county.
- Mobile crisis response teams should be comprised of at least one clinician and either a second clinician, a medic, a peer specialist, or a social worker.
- To avoid (further) traumatizing people in crisis, law enforcement should not respond to/with mental health mobile crisis response teams unless necessary.
- Ideally, at least one team member on any given shift should be bilingual in English and Spanish.

Opportunities for Improvement: Crisis Stabilization

- Chester County needs at least one crisis stabilization center/unit able to provide 23-hour observation beds for both adults and adolescents/youth (dedicated beds for each), preferably located near a hospital.
- Ideally, other center/unit services would include medical clearance, connections/scheduling/referrals to supportive services, and easy transfers to crisis residential or other inpatient services.
- It may be ideal to have one crisis stabilization center/unit for Southern Chester County and another for the remainder of the county.

Chester County 988 / Mental Health Crisis Response System Update

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