

# **Crisis Stabilization Services Utilization Report: Second Quarter 2016-2017**

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*Fostering Community Connections for the Right Care at the Right Time*

## **BACKGROUND**

In September 2014, the Southwest Iowa Mental Health and Disability Services (SWIA MHDS) Region, with the assistance of the Mental Health and Substance Abuse Network (the Network) and input from stakeholders, developed a strategic plan to implement a mental health crisis stabilization system (CSS). The plan identified four priority services that would comprise the system. The services include a 24-hour crisis hotline, crisis evaluation screening and assessment, mobile crisis response and crisis stabilization residential services.

The first service targeted for implementation was the 24-hour crisis hotline. A Request for Proposals was released on January 14, 2015 and the Public Notice of Contract Award was released on March 6, 2015 announcing Boys Town as the contract recipient. As a result of this process, the Hope4Iowa Crisis Call Line began operation on June 1, 2015. Hope4Iowa offers a 24-hour hotline 365 days per year and the hope4iowa.org website with an email option.

The second service prioritized for implementation involved the development of a crisis evaluation screening and assessment tool. During the early months of 2015, best practices in crisis evaluation were researched and a sample of crisis evaluation screening and assessment forms used by providers in the SWIA MHDS Region were collected and reviewed. In late Summer 2015, CHI Health joined the effort to assist in the development of a screening tool that could be utilized by staff in emergency departments. Ultimately, the decision was made to develop a crisis screening tool specific to emergency departments and separate screening and assessment tools for outpatient providers. The screening tool developed for use in emergency departments throughout the SWIA MHDS Region has been finalized and distributed for use. The crisis evaluation screening and assessment tool developed for use by outpatient mental health providers is currently being finalized.

Originally, the crisis stabilization residential services (CSRS) facility was prioritized to be the last of the services implemented. However, with the closure of the Clarinda Mental Health Institute and the gap in services left in its wake, the SWIA MHDS Region expedited the implementation of the CSRS. Proposals were received and evaluated in early September 2015 and Public Notice of Contract Award was made shortly thereafter on the SWIA MHDS Region website announcing Waubonsie Mental Health Center as the contract recipient. The CSRS facility, Turning Pointe, opened on January 18, 2016.

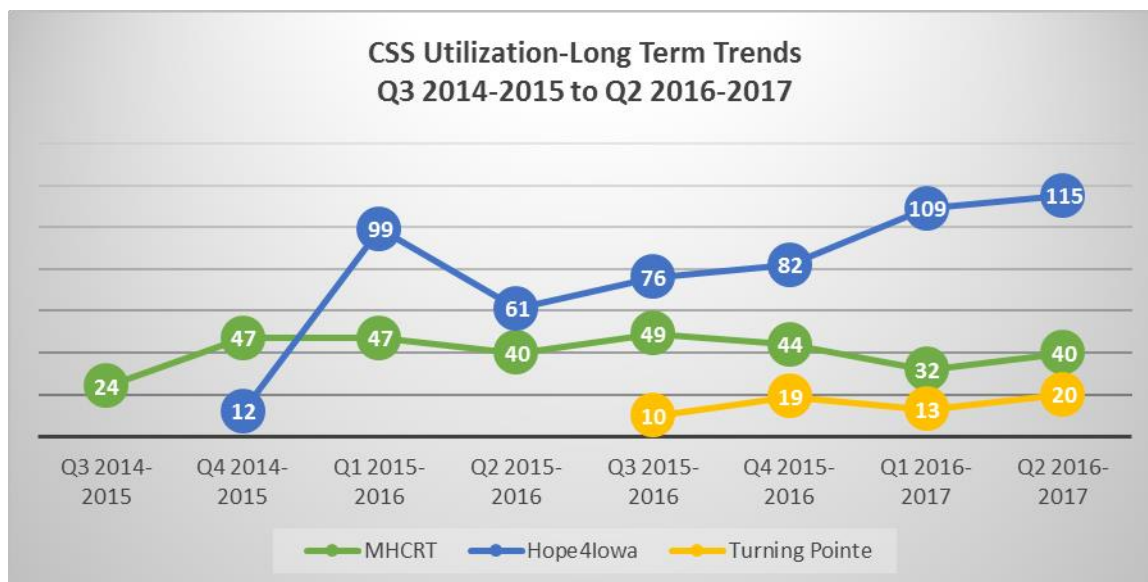
The final service priority involved the expansion of the Mental Health Crisis Response Team's services to all nine counties of the SWIA MHDS Region. The Mental Health Crisis Response Team (MHCRT), operated by Heartland Family Service, has served Pottawattamie County since 2011. The MHCRT currently provides mobile crisis response to calls from law enforcement and facilities such as the jail, responds to calls from concerned community members who are considering filing a committal application, and court orders from judges who are concerned that committal may not be appropriate in cases that are before the court. The expansion of the MHCRT to the remaining eight counties in the Region is currently underway.

With the implementation of the crisis stabilization system's services nearing completion, attention has shifted to the collection of data. The SWIA MHDS Region has contracted with the

Network to coordinate the data collection effort. The directors from each of the Crisis Stabilization System's services officially began submitting monthly data reports to the Data Coordinator at the Network in March 2016. The remainder of this report examines data on the utilization of the existing Crisis Stabilization Services. Attention will first be given to long-term service utilization trends. Focus will then shift to a comparison of utilization data across existing services for the second quarter of the SWIA MHDS Region's Fiscal Year 2016-2017. Finally, data on the utilization of each service will be provided.

## CRISIS STABILIZATION SERVICES UTILIZATION: LONG TERM TRENDS

The examination of long-term data provides an opportunity to compare the utilization of existing services across time. With the implementation of Crisis Stabilization Services being fairly recent, the visual presentation of the data makes it is easy to see when each service began operation. Third quarter 2014-2015, which began in January 2015, was selected as a starting point for long-term data because it marks the beginning of the SWIA MHDS Region’s efforts to implement of system of crisis stabilization services.

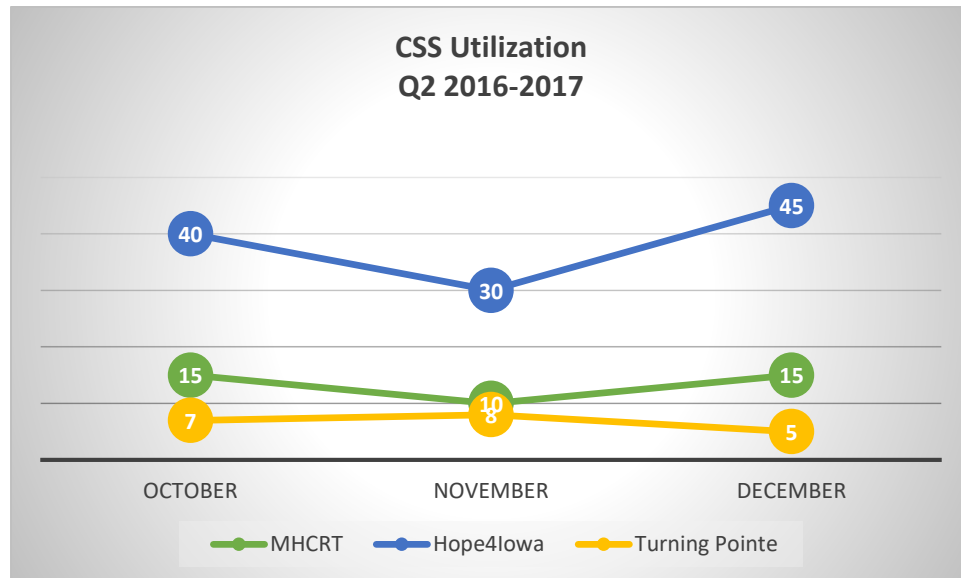


- Each data point includes the total utilization of a specific service for the three months that make up the quarter.
- Hope4Iowa Crisis Call Line data represent the total number of documented calls that occurred each quarter. As indicated in the above chart, the crisis call line began operations in June 2015. Hope4Iowa experienced its greatest call volume since operations began during the second quarter of the 2016-2017 fiscal year. In fact, the first two quarters of the 2016-2017 fiscal year resulted in an increase in documented calls of 40 percent over the same period of the previous year.
- Turning Pointe data include the total number of persons admitted to the facility during the quarter. As indicated in the above chart, the facility opened in January 2016. During the first full year of operation, Turning Pointe admitted an average of approximately 16 people per quarter. The facility experienced its highest number of admits for a quarter during the first quarter of the 2016-2017 fiscal year.
- MHCRT data represent the total number of face-to-face and telehealth assessments completed each quarter. Assessments can be requested from three sources and can be conducted face-to-face or via telehealth where available. Mobile Crisis Response assessments result from calls made by law enforcement officers or facilities such as the jail. Pre-committal assessments occur when citizens who are considering filing civil

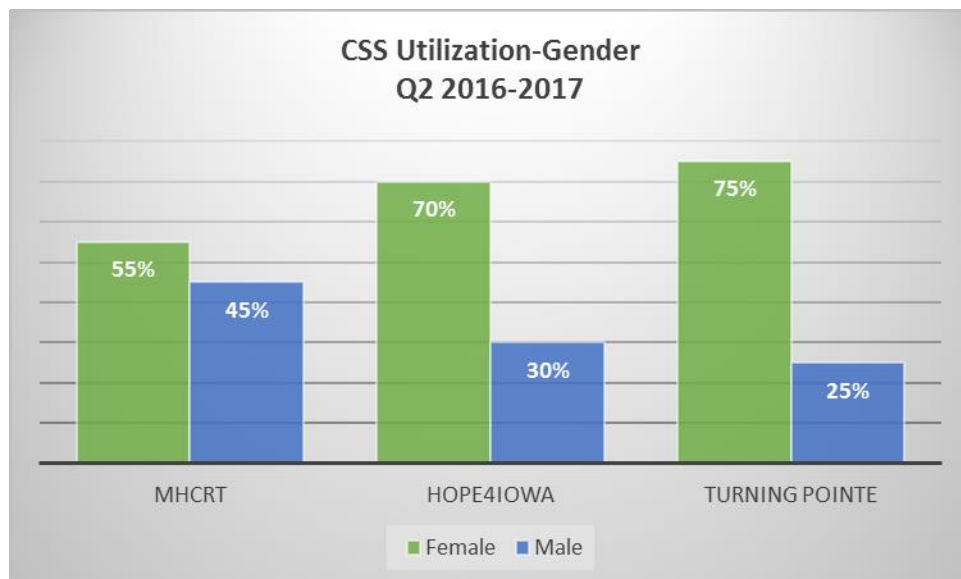
commitment paperwork contact the MHCRT to request an assessment to determine the appropriate level of care in an attempt to avoid unnecessary civil commitments. Court-ordered assessments occur when a judge is concerned that civil commitment may not be the appropriate course of action in cases that have been brought before them.

- During the second quarter of the 2016-2017 fiscal year, MHCRT data reflect assessments completed in Pottawattamie County (face-to-face) and Page County (telehealth pre-committal). Telehealth mobile crisis response assessments were available rural Pottawattamie, Shelby and Mills counties during the quarter. Pre-committal telehealth assessments were available in Montgomery and Page counties beginning in December 2016. Expansion of mobile, pre-committal and court-ordered telehealth assessments to the remaining counties within the SWIA MHDS Region is currently underway.
- Over the eight quarters of data included in the long-term trends analysis, the average number of assessments conducted per quarter is approximately 40. During the second quarter, the MHCRT completed 38 face-to-face assessments and 2 telehealth assessments.

## CRISIS STABILIZATION SERVICES UTILIZATION: SECOND QUARTER CROSS-SERVICE COMPARISONS

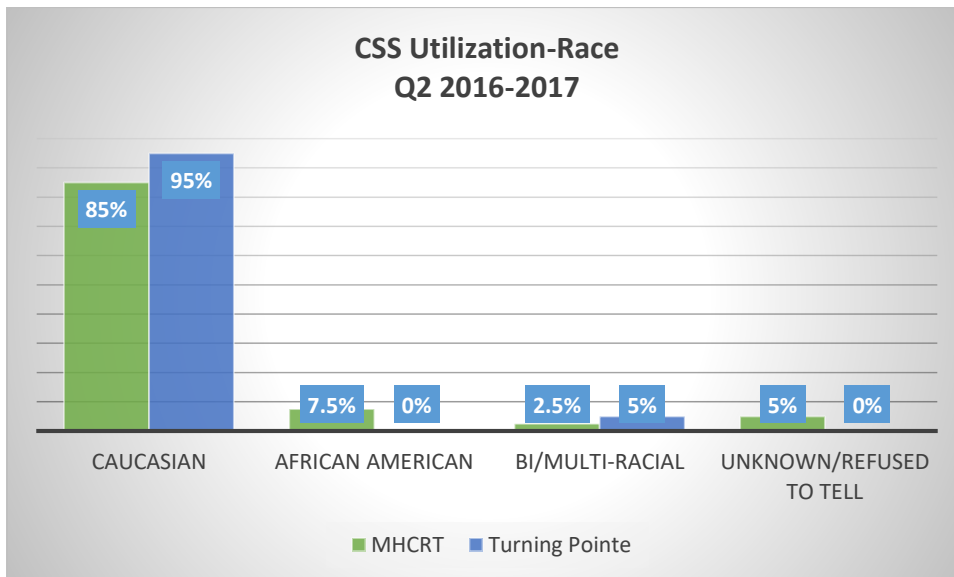


- During the second quarter 2016-2017 the Mental Health Crisis Response Team conducted 40 assessments (38 face-to-face, 2 telehealth), Hope4Iowa had 115 documented calls, and Turning Point admitted 20 people into the facility. This represents an increase in utilization for all three services from the first quarter of the fiscal year.

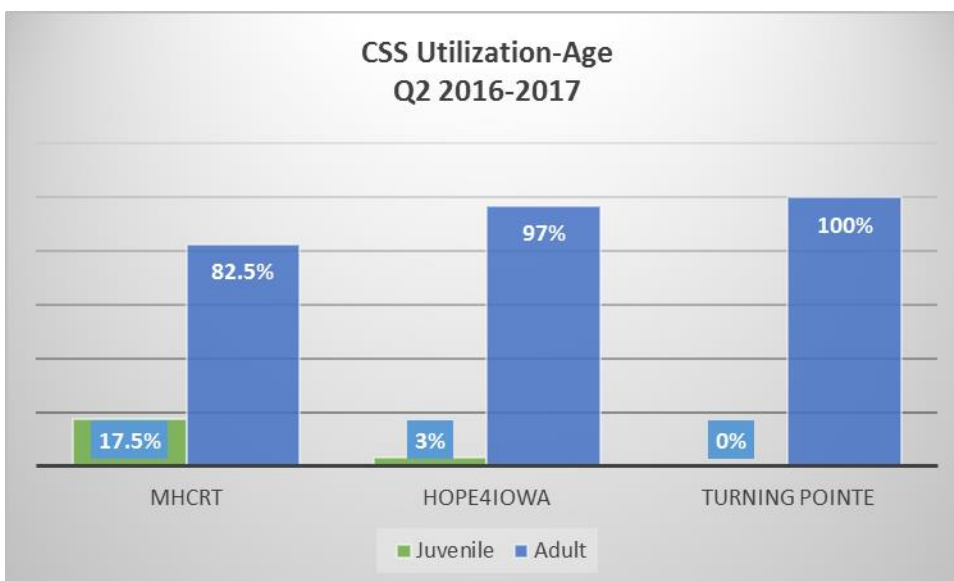


- Consistent with the data from the first quarter, females comprised a greater percentage of those utilizing the services of the MHCRT, Hope4Iowa Crisis Call Line and Turning Point CSRS. The gap between females and males widened for each service during the second

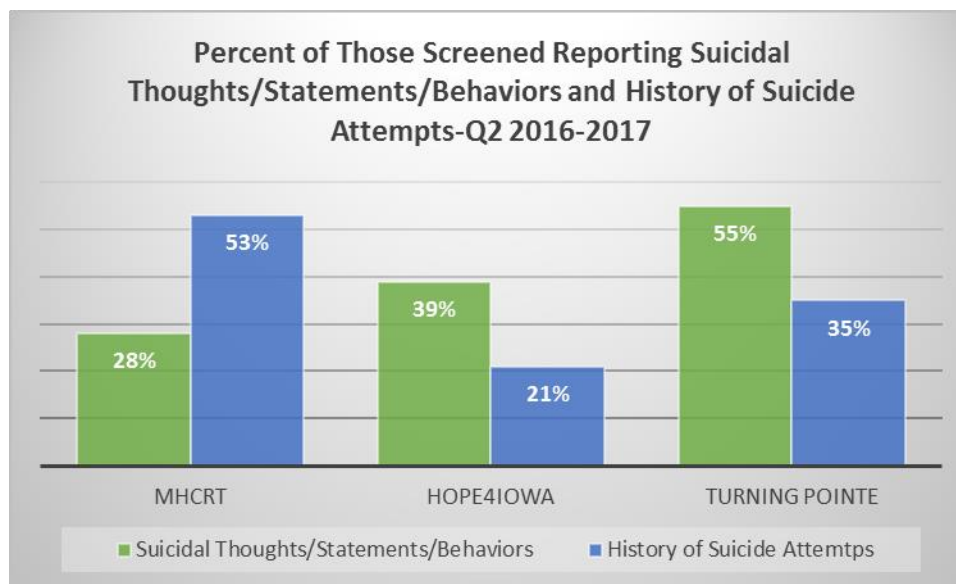
quarter. Specifically, the female composition of the population served by the MHCRT, Hope4Iowa and Turning Pointe increased by two percentage points, three percentage points and thirteen percentage points respectively.



- Consistent with the previous quarter, the majority of those who were assessed by MHCRT and admitted to the Turning Pointe facility were white (85 percent and 95 percent respectively).
- Approximately 7.5 percent of those assessed by the MHCRT were African American, 2.5 percent were more than one race, and for 5 percent race was unknown.
- Among those assessed by Turning Pointe staff, 5 percent were more than one race.
- Information on caller race is not collected by the Hope4Iowa Crisis Call Line.

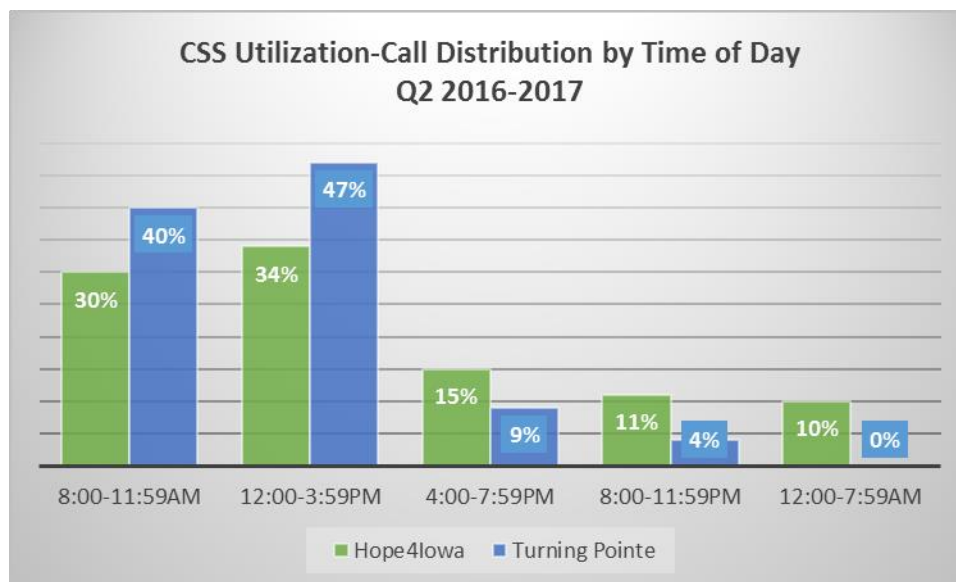


- Age distribution of CSS service recipients during the second quarter is very consistent with the previous quarter. One hundred percent of those served by Turning Pointe are adults. This is to be expected since Turning Pointe only accepts clients age 18 and older.
- Of those assessed by the MHCRT, 17.5 percent were juveniles and 82.5 percent were adults.
- While the Hope4Iowa Crisis Call Line is available to anyone, 97 percent of callers during the first quarter were adults. Due to the definition of age within the Hope4Iowa data, callers who are 19 years of age are included in the population identified as “juvenile.”

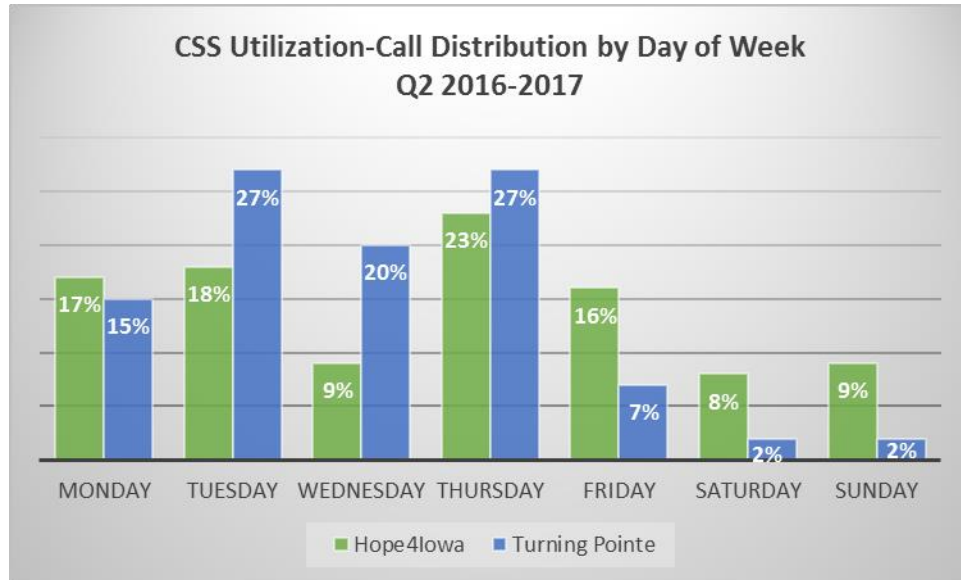


- Each of the Crisis Stabilization Services conducts Lethality Assessments/Suicide Screenings with some or all of the clients they serve. Specifically, both the MHCRT and Turning Pointe staff screen everyone for suicide ideation and lethality risk.
- Calls to the Hope4Iowa Crisis Call Line vary in terms of presenting problem and, thus, lethality screening is not always appropriate or necessary. During the second quarter, lethality assessments were conducted with approximately 76 percent of callers. This is similar to the 78 percent of callers screened during the first quarter.
- With regard to suicidal thoughts, statements and behaviors, percent of those presenting with suicidal thoughts, statements or behaviors varied by service. Specifically, 28 percent of those assessed by MHCRT, 39 percent of clients who were screened for lethality by Hope4Iowa staff, and 55 percent of those assessed by Turning Pointe clinical staff reported suicidal ideation, made suicidal statements or engaged in suicidal behaviors.
- Where history of suicide attempts is concerned, more than half (53 percent) of those assessed by the MHCRT indicated they had previously attempted suicide. Conversely, twenty-one percent and thirty-five percent screened by Hope4Iowa and Turning Pointe clinical staff reported previous suicide attempts.





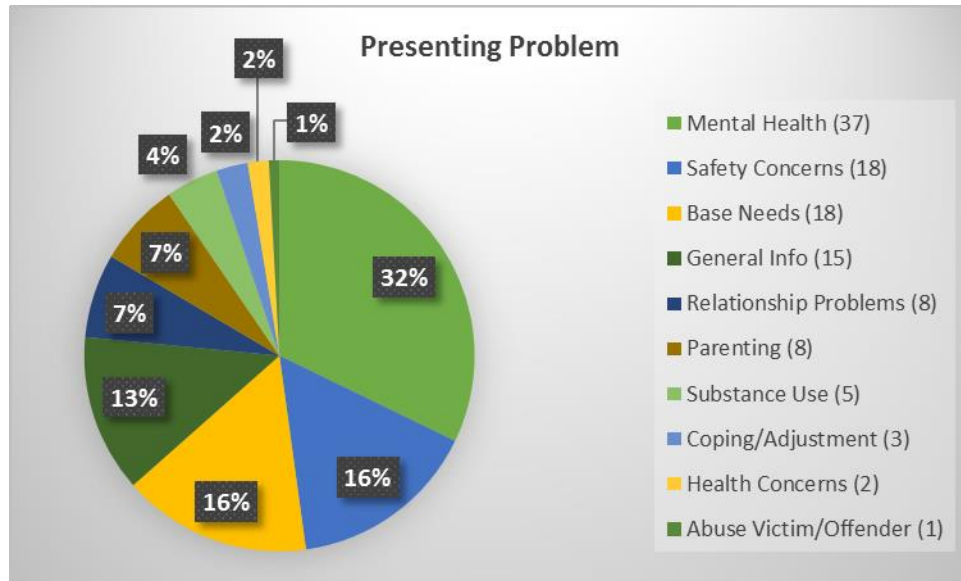
- Measures were recently put into place to examine the distribution of calls to crisis stabilization services by time of day and day of the week. Currently, the data exist for Hope4Iowa and Turning Pointe. Hope4Iowa data reflect the time and day that documented calls were received. Turning Pointe data measure the time and day that referrals were made.
- According to the data, the majority of calls to Hope4Iowa and referrals to Turning Pointe are made during day and early evening hours.
- During the second quarter, seventy-nine percent of documented calls to the Hope4Iowa crisis line occur between the hours of 8:00am and 8:00pm. This represents a 4 percentage point increase from the previous quarter.
- Ninety-six percent of referrals to Turning Pointe were made during the same timeframe. This is a decrease of 3 percentage points from the previous quarter.
- MHCRT data do not include detailed information on call distribution by time of day. Therefore, comparison to the other crisis services is not possible.



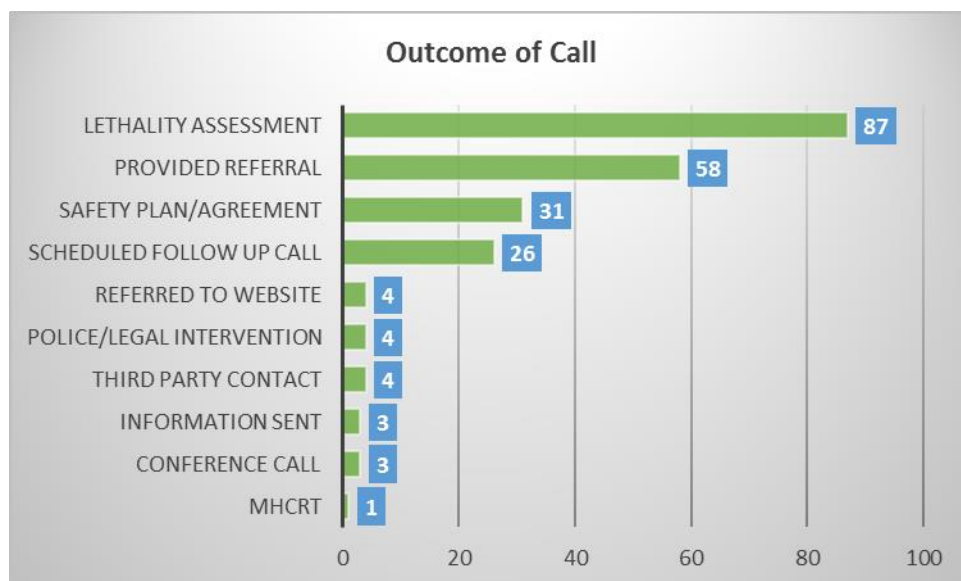
- The volume of documented calls to Hope4Iowa peaked on Thursday during the second quarter and were lowest on Saturday and Sunday. Similarly, referrals to Turning Pointe peaked on Tuesday and Thursday and were lowest during the weekend. This finding is consistent with the first quarter during which service utilization was highest during the traditional five-day work week and lowest during the weekend.
- MHCRT data do not include detailed information on call distribution by day of the week. Therefore, comparison to other crisis services is not possible.

## HOPE4IOWA: SECOND QUARTER UTILIZATION

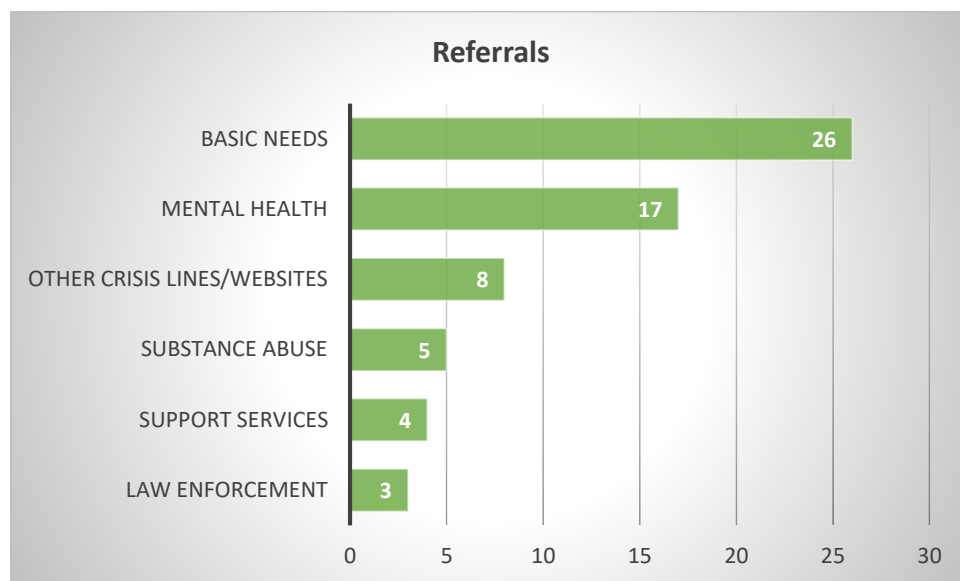
The Hope4Iowa crisis call line received 115 documented calls during the second quarter of the fiscal year. The following graphics provide data on key variables.



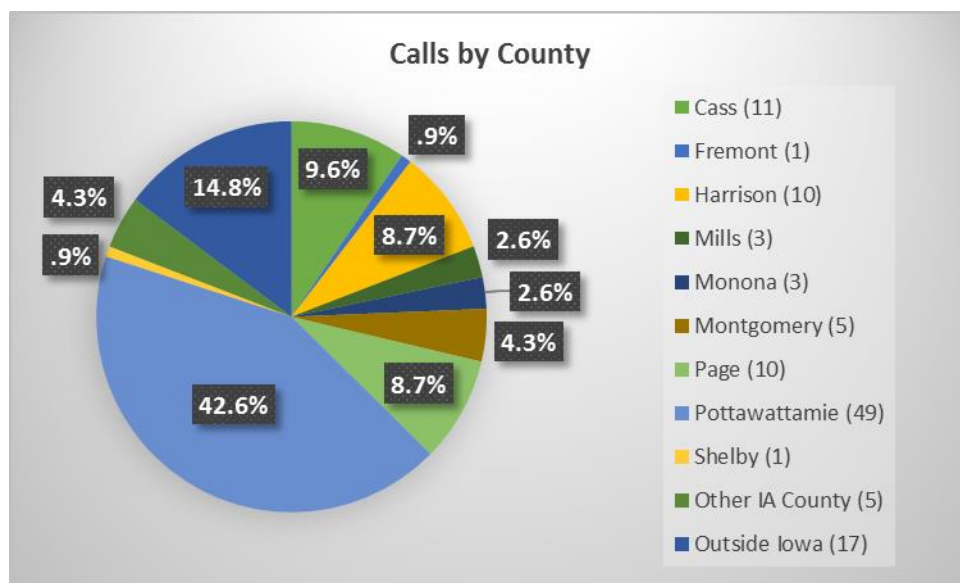
- With regard to the presenting problem, the most frequent category during the second quarter (32 percent of calls) involved mental health-related issues. This is consistent with the first quarter.
- Safety concerns, base needs, and general information combined comprised 45 percent of presenting problems identified by callers. During the previous quarter, the same three categories combined to represent 41 percent.



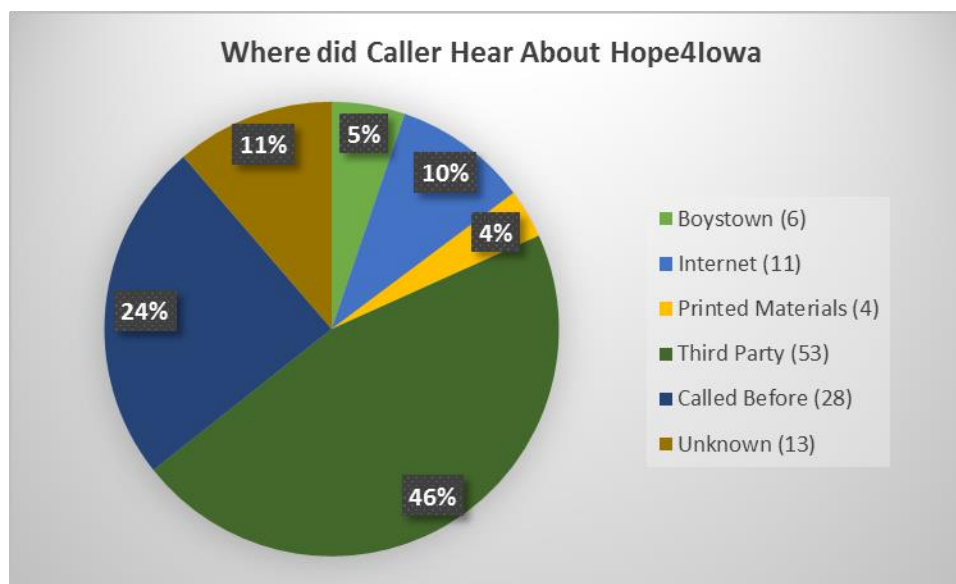
- During the second quarter, 115 documented calls resulted in 221 recorded outcomes.
- The most frequent outcome involved the completion of a lethality risk assessment which accounted for 39 percent of all recorded outcomes. This was followed in frequency by provision of a referral (26 percent), safety plan/agreement (14 percent), and scheduled follow up call (12 percent).



- Of the 63 referrals made by Hope4Iowa clinical staff, 68 percent involved mental health and base needs.
- Specifically, 27 percent of all referrals involved mental health services and 41 percent of all referrals were related to base needs.



- During the second quarter, the Hope4Iowa Crisis Call Line received calls from all nine counties within the SWIA MHDS Region.
- With regard to the distribution of calls, 42.6 percent of calls received originated in Pottawattamie County. Cass County, which had no call during the first quarter, accounted for 9.6 percent of calls during the second quarter, followed by Harrison and Page Counties which each accounted for 8.7 percent of calls.
- Approximately nineteen percent of all calls originated outside of the service region with 77 percent of those calls originating outside the state of Iowa.

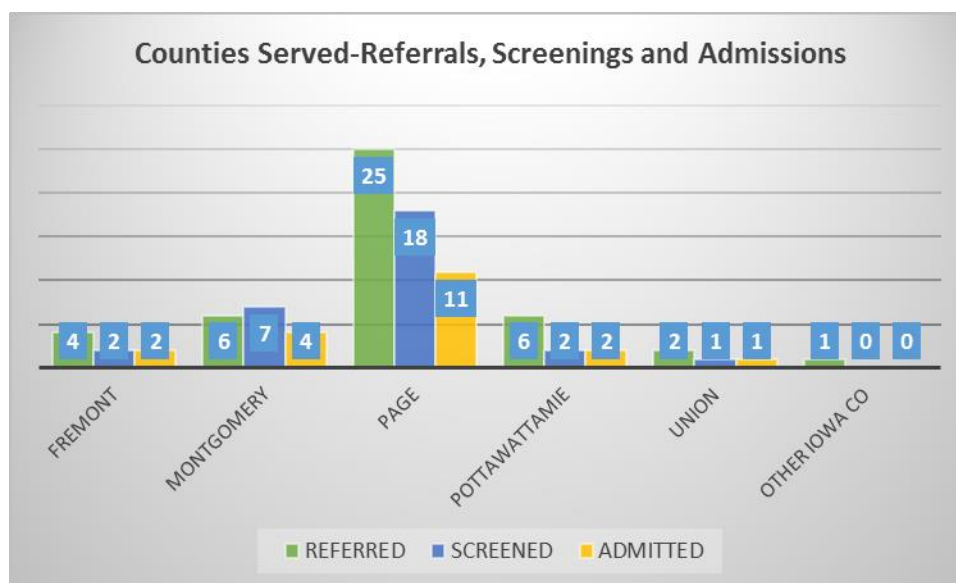


- When asked where they heard about the Hope4Iowa Crisis Call Line, 7 out of 10 callers (70 percent) had either called before (24 percent) or heard about the Hope4Iowa from a third party (46 percent). While the two categories continue to represent 70 percent of all calls, the proportions of each have changed since first quarter. Specifically, during the first quarter callers referred to Hope4Iowa by a third party represented 36 percent of all callers while representing 46 percent of callers during the second quarter.
- Hope4Iowa staff completed 12 documented outbound calls during the second quarter. This number is identical to the first quarter.
- The 12 documented outbound calls resulted in 10 referrals to the SWIA MHDS Region, an increase of three from the first quarter.

## TURNING POINTE CSRS: SECOND QUARTER UTILIZATION

Turning Pointe is the most recent service to be fully implemented within the SWIA MHDS Region's Crisis Stabilization System.

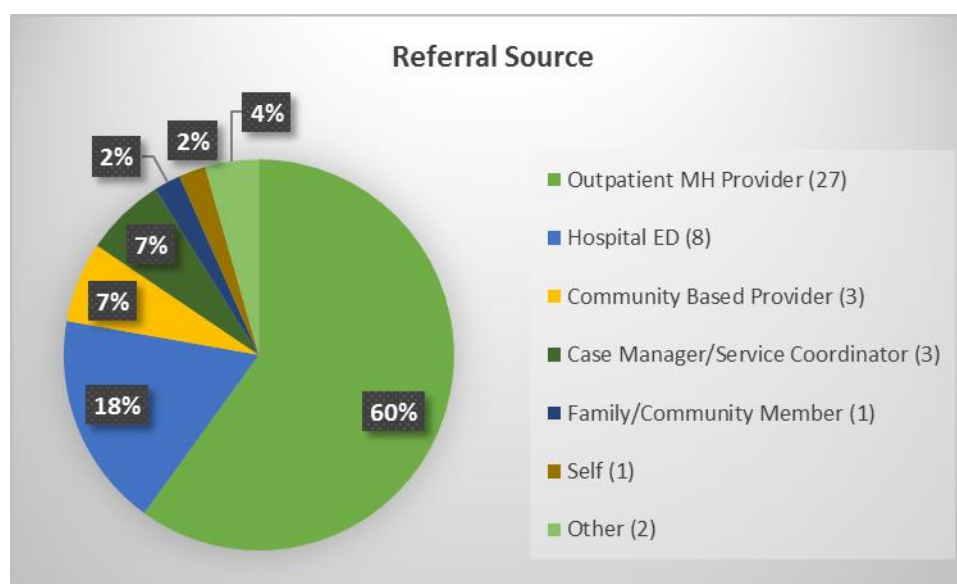
- During the second quarter, 45 referrals were made to the Turning Pointe CSRS.
- Prior to conducting an assessment to determine recommended level of care, Turning Pointe staff pre-screen referrals to determine whether they meet eligibility requirements based on factors such as criminal history and medical needs. If a determination is made that a person does not meet the basic eligibility requirements, a full assessment will not be conducted.
- Of the 45 referrals, 30 people or 67 percent completed a face-to-face assessment with Turning Pointe Staff. This represents a 27 percentage point increase from first quarter.
- Of the 30 individuals assessed, CSRS was the recommended level of care for 28 individuals (93 percent). This represents an increase of 28 percentage points from the previous quarter. Individuals for whom the recommended level of care is CSRS are considered to be "accepted" to Turning Pointe.
- Twenty individuals were admitted into the Turning Pointe house during the second quarter. There were eight individuals (29 percent) for whom CSRS was identified as the recommended level of care but were not admitted to the facility. Each of these individuals declined admission to the Turning Pointe house.
- During the second quarter, the average length of stay at Turning Pointe was approximately 7.86 days in October, 4.88 days in November and 4 days in December.
- The average number of clients in the house per day during was 1.77 in October, 1.3 in November and .64 in December.



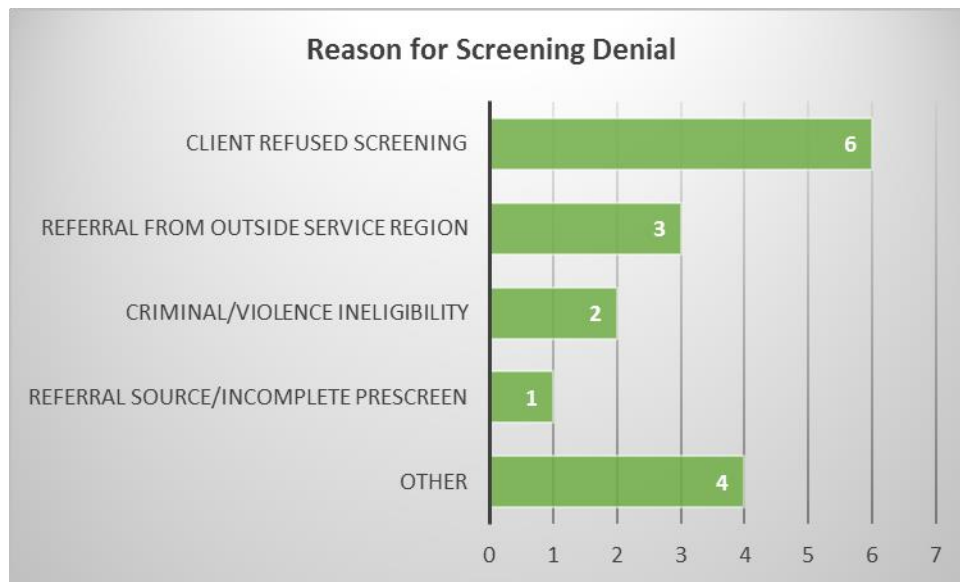
- Forty-five referrals to Turning Pointe originated in 4 counties within the SWIA MHDS Region and locations outside of the Region during the second quarter. For one referral

county could not be identified since the referral source did not complete the entire pre-screening process.

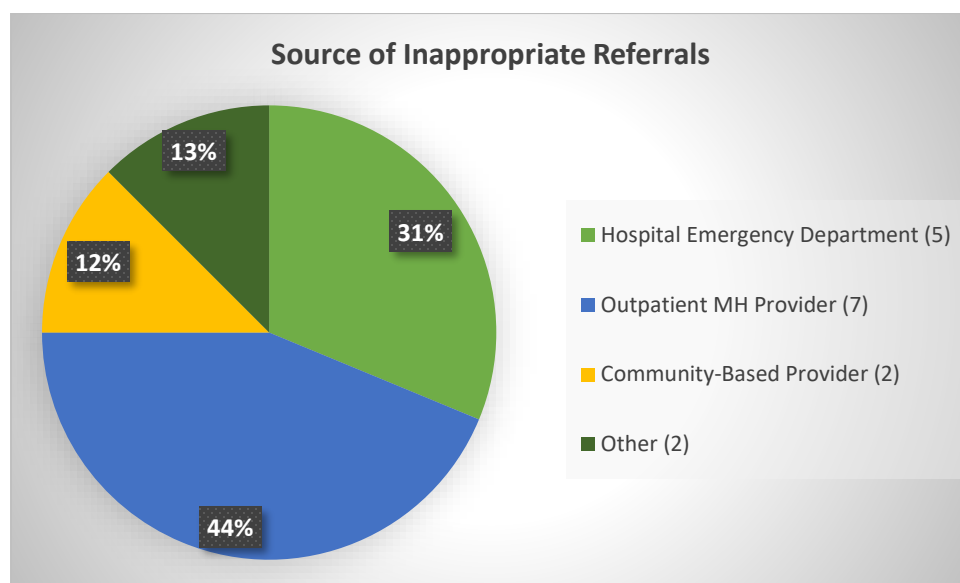
- The 30 individuals screened by Turning Pointe staff and the 20 individuals admitted to the facility represent 4 counties within the SWIA MHDS Region and one county adjacent to the Region.
- Approximately 56 percent of all referrals originated in Page County.
- The second most frequent county of referral consists of a tie between Montgomery County (13 percent) and Pottawattamie County (13 percent). Fremont County accounted for 9 percent of all referrals.
- Together the Page, Montgomery, Pottawattamie and Fremont counties account for 91 percent of all referrals, 97 percent of those screened, and 95 percent of those admitted to the Turning Pointe house during the second quarter.
- Turning Pointe recently began accepting referrals from nearby counties that are not part of the SWIA MHDS Region. During the second quarter, 2 referrals were made by Union county, one of which resulted in admission to the facility.



- The majority of referrals were made by outpatient providers and hospital emergency department staff.
- Specifically, 60 percent were referred by outpatient mental health providers, while 18 percent were referred by hospital emergency department staff.
- Fourteen percent of referrals were made by community-based providers and case manager/service coordinators.

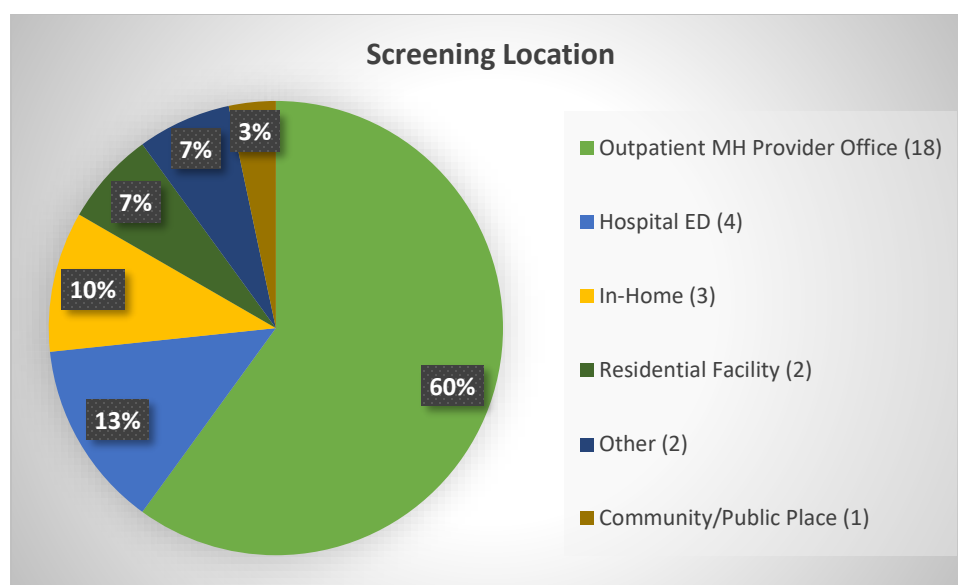


- Of the 45 referrals made to Turning Pointe during the second quarter, 30 resulted in face-to-face assessments. The 15 referrals not resulting in face-to-face assessment are considered “inappropriate referrals.”
- A referral may be ineligible for admission to the facility for more than one reason. Turning Pointe staff record all possible sources of ineligibility. As a result, the number of reasons for screening denial (16) is greater than the number of inappropriate referrals.
- Among the reasons offered for not conducting a full assessment, client refusing to be screened (37.5 percent), referrals from outside the 9 county service region (19 percent), criminal/violence ineligibility (12.5 percent) and referral source not following through with the prescreen (6 percent) were offered as explanations for three out of four inappropriate referrals.

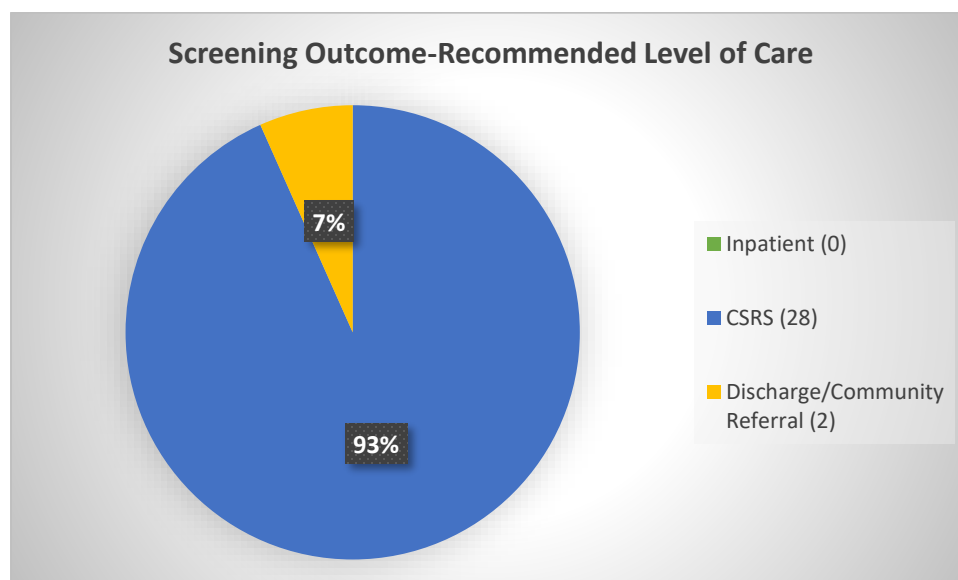




- The category of referral source responsible for the greatest percentage of the 16 inappropriate referrals involved outpatient mental health providers (44 percent).
- During the second quarter, there was one referral made by family/community member and one by the individual in need of services themselves. Contrary to the previous quarter, referrals made by family/community member and self were not inappropriate referrals during the second quarter.

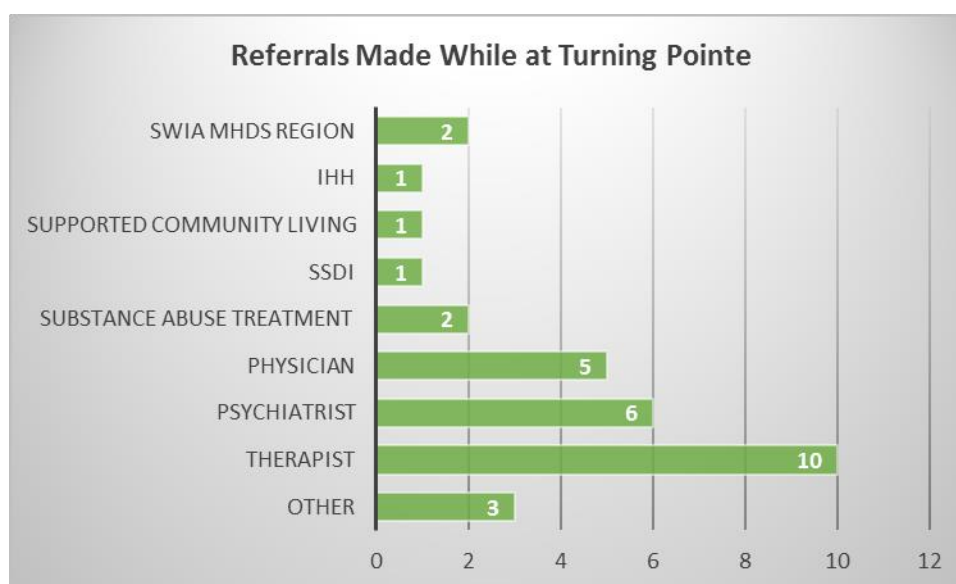


- When face-to-face assessments occurred, most were conducted in an outpatient provider's office (60 percent) or in a hospital emergency department (13 percent).



- Of the 30 assessments that occurred, the recommended level of care for 28 individuals or 93 percent was CSRS.

- Those admitted to the Turning Pointe house during the second quarter ranged in age from 18 to 69 years. Fifteen percent were age 18 to 29, twenty percent were age 30-39, twenty percent were 40-49, twenty-five percent were age 50-59 and twenty percent were age 60-69.
- Seventy-five percent of those admitted were female and 95 percent were white.
- Eighty percent of those admitted during the second quarter reported having received mental health treatment, either inpatient or outpatient, in the past.
- Twenty percent of those admitted reported having had a mental health court committal in the past.

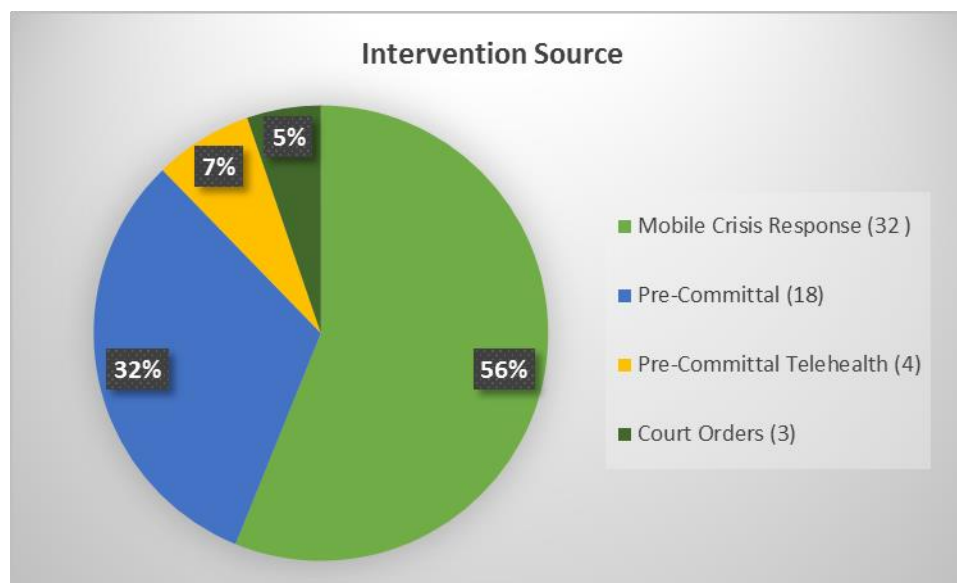


- For those admitted to the Turing Pointe Facility, clinical staff provide referrals for services to assist clients as they are discharged from the house. It is possible for an individual client to receive more than one referral.
- During the second quarter, Turning Pointe clinical staff made 31 referrals. Of those, referrals were made most often to therapists (32 percent of all referrals). This was followed by referrals to psychiatrists (19 percent) and physicians (16 percent).
- Turning Pointe staff made two referrals to the SWIA MHDS Region for housing during the second quarter.

## MENTAL HEALTH CRISIS RESPONSE TEAM: SECOND QUARTER UTILIZATION

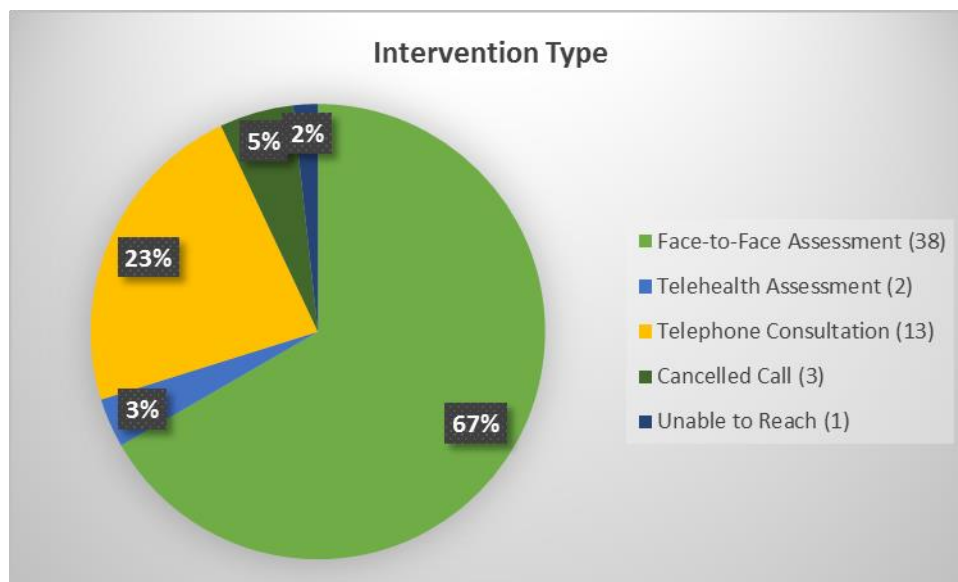
During the second quarter, the Mental Health Crisis Response Team expanded services beyond Pottawattamie County. Mobile crisis response telehealth assessments were possible in rural Pottawattamie, Shelby and Mills Counties by the end of December 2016. Additionally, pre-committal telehealth assessments were available in Montgomery and Page Counties by the end of December. Expansion of all services via telehealth to the remaining counties in the SWIA MHDS Region is currently underway.

- During the second quarter, the MHCRT recorded 57 interventions. Of the 57 interventions, 38 (67 percent) resulted in face-to-face assessments and 2 (4 percent) resulted in assessment via telehealth.
- Calls to Mobile Crisis Response were made by the following agencies: Council Bluffs Police Department, Pottawattamie County Sheriff's Office, Carter Lake Police Department, Avoca Police Department, Iowa Division of Criminal Investigation, and the Pottawattamie County Jail.
- Pre-Committal calls are made by members of the community who are considering filing a committal application. Calls requesting pre-committal screening were received from Pottawattamie, Montgomery and Page counties. Face-to-face assessments were conducted in Pottawattamie County. Pre-Committal assessments were also conducted in Page County via telehealth.
- Court-Ordered screenings are ordered by a judge after a committal application has been filed prior to deciding the outcome and were only conducted in Pottawattamie County through the end of December 2016.

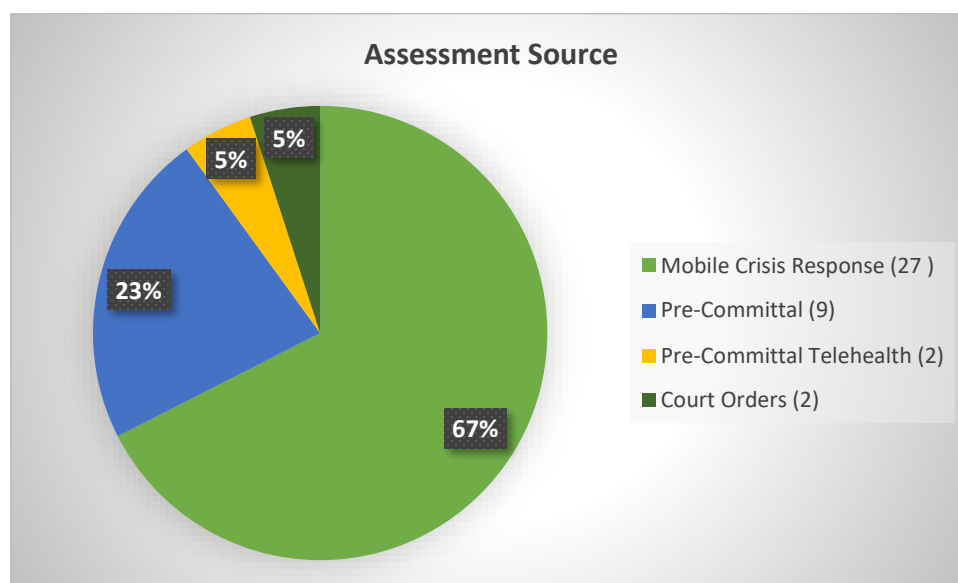


- More than half of all interventions, 56 percent, involved Mobile Crisis Response. Of law enforcement agencies requesting service, Council Bluffs Police Department accounted for 75 percent of all calls for mobile crisis response.

- The second most frequent intervention source, 32 percent, involved pre-committal screening requests made by members of the community.

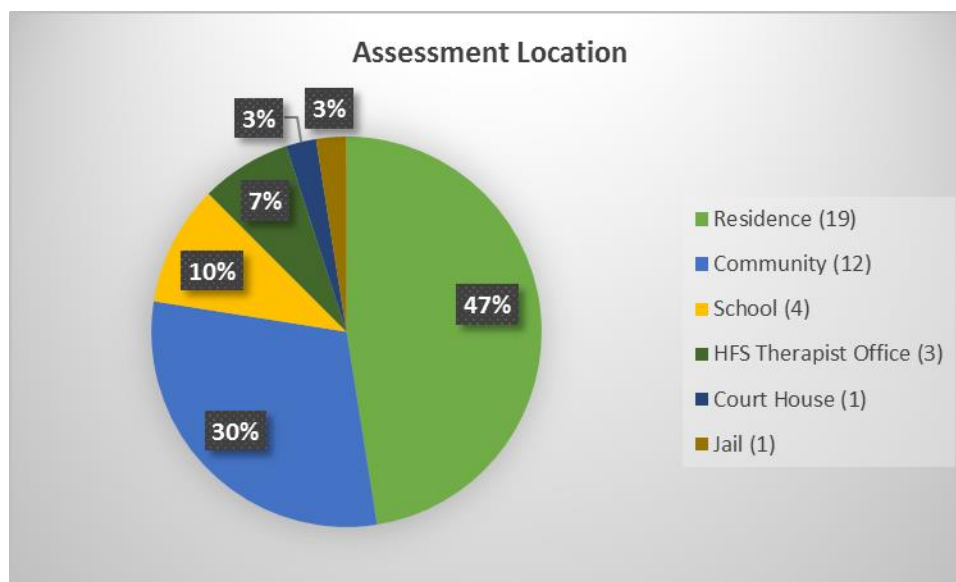


- During the second quarter, approximately 67 percent of all interventions involved face-to-face assessments. Telehealth assessments accounted for 4 percent of all interventions.
- Forty assessments were completed by the MHCRT during the second quarter. There were 38 face-to-face assessments and 2 telehealth assessments
- Thirteen interventions, 23 percent, involved telephone consultations.

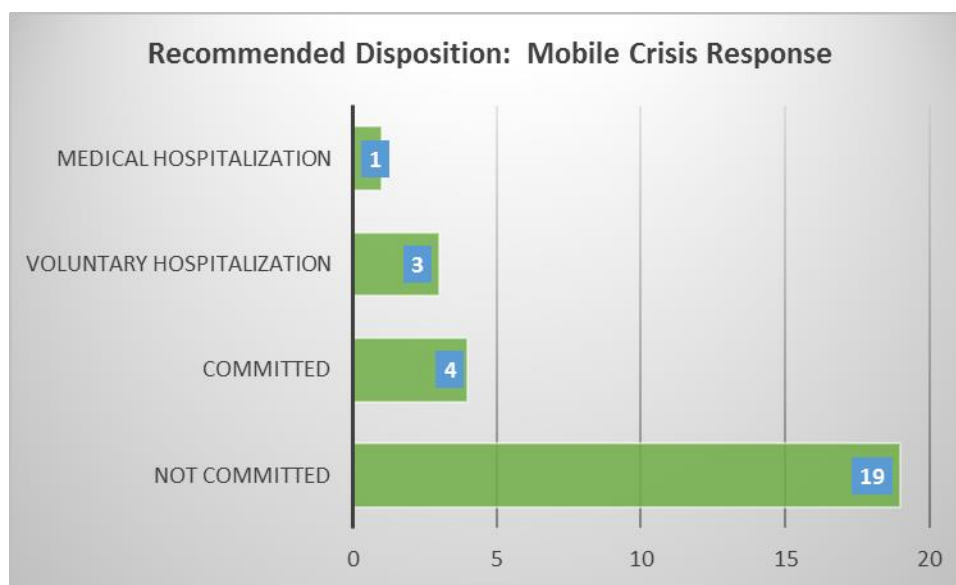


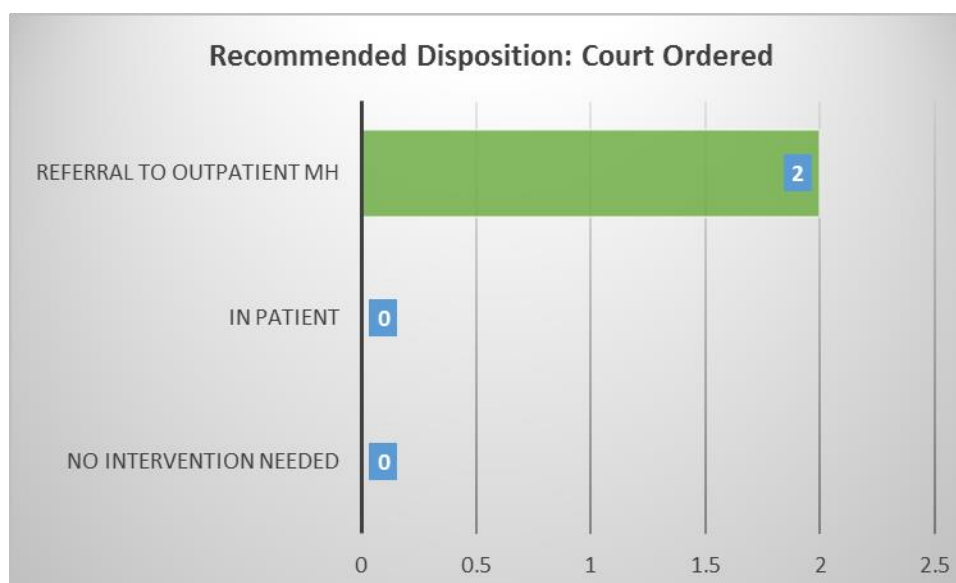
- Of the 40 assessments completed during the second quarter, 27 involved mobile crisis response, 11 involved pre-committal screenings and 2 were court-ordered assessments.

- The second quarter saw the completion of the first telehealth assessments (n=2) involving the pre-committal process.

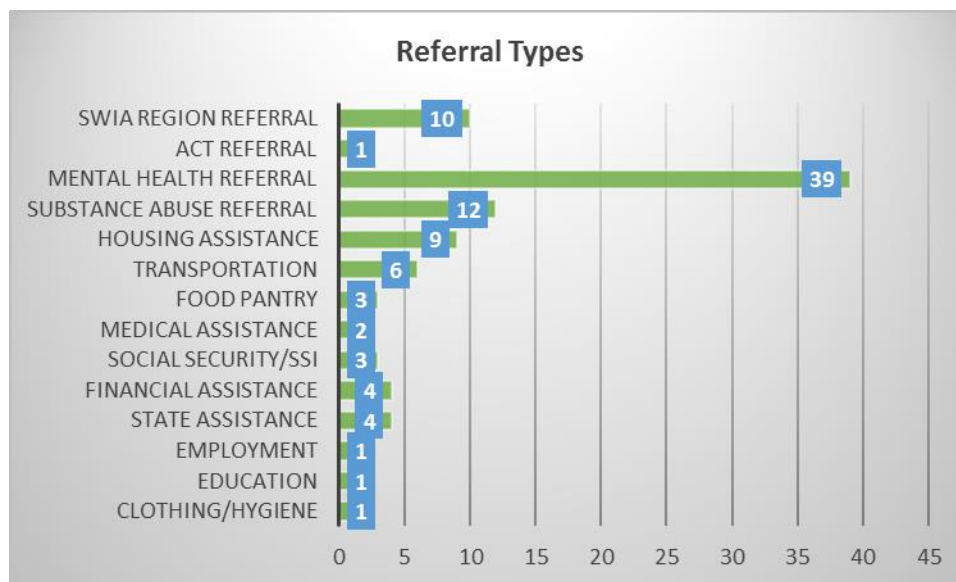


- Of the 40 assessments that occurred during the second quarter, 47 percent were conducted in a residence.
- Thirty percent of assessments were conducted in the community.
- Ten percent of assessments were conducted within a school setting.

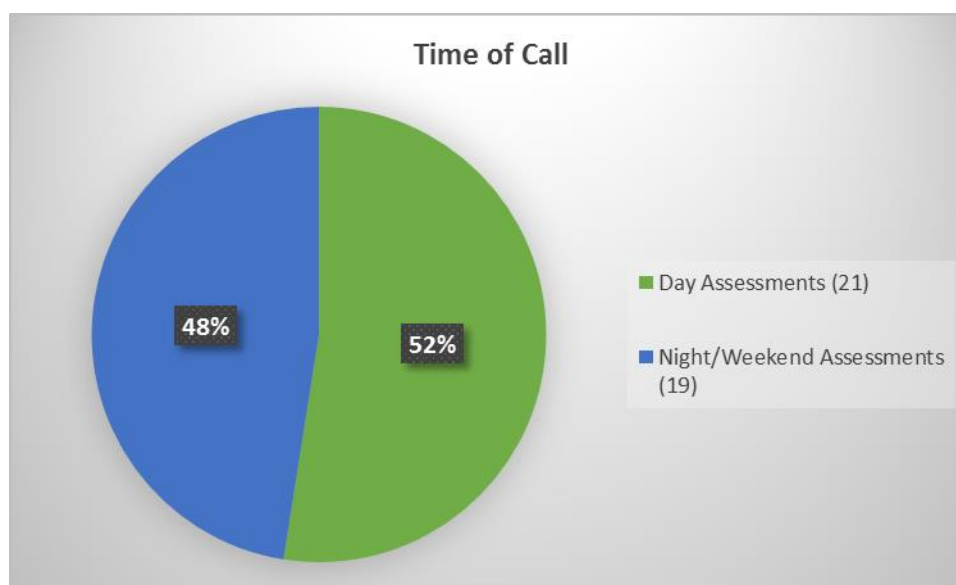




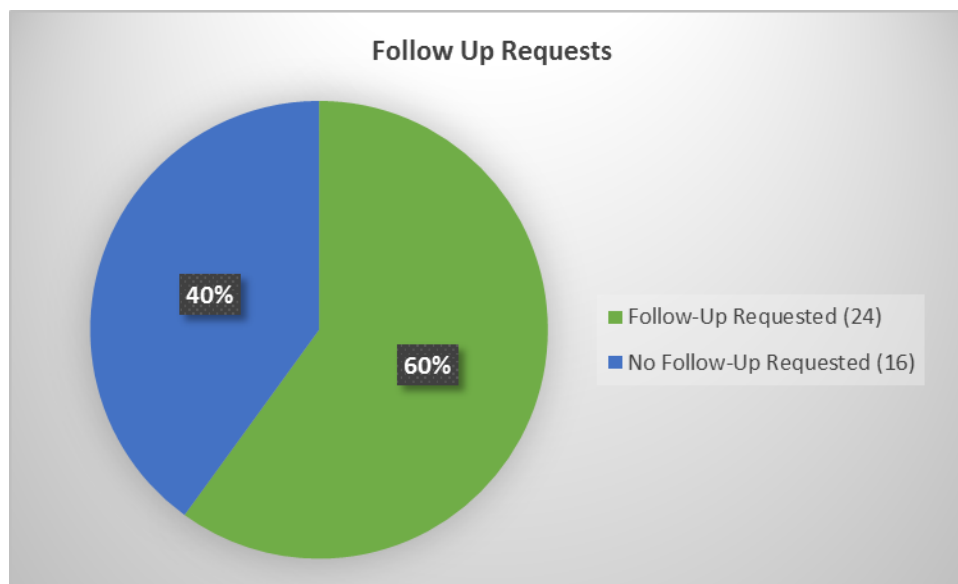
- Of the 38 face-to-face assessments and 2 telehealth assessments that occurred during the second quarter, 90 percent (n=36) resulted in a recommended disposition that did not involve inpatient committal. Conversely, four face-to-face assessments resulted in a recommendation of inpatient committal.
- Three assessments (7.5 percent) resulted in voluntary hospitalization.
- Two assessments (5 percent) resulted in medical hospitalization.



- Based on the face-to-face assessment, MHCRT clinical staff may make referrals to various community-based services to address a wide variety of needs. One individual may receive referrals to multiple services.
- Ninety-six referrals were made to various services during the second quarter. During the previous quarter, 62 referrals were made.
- Of the 96 referrals, the category representing the greatest number of involved mental health referrals.
- Specifically, mental health referrals accounted for 41 percent of all referrals made. This was followed by substance abuse referrals (12.5 percent), referrals to the SWIA MHDS Region (10 percent) and referrals for housing assistance (9 percent).



- During the second quarter, slightly more than half (52 percent) of all assessments were conducted during the day. However, the time of assessment varies by assessment source.
- One hundred percent of Court-Ordered assessments occurred during the day.
- Eighty-two percent of Pre-Committal assessments occurred during the day.
- Only 37 percent of Mobile Crisis Response assessments were conducted during the day.



- During the second quarter, 60 percent of those assessed by the MHCRT clinical staff requested a follow-up.
- Of the 24 clients who requested a follow-up during the first quarter, 7 clients or approximately 29 percent could not be reached for follow up.