

CASE STUDY

for Hospitals and health systems

How GRAND Mental Health reduced psychiatric inpatient hospitalizations by 93%

Leveraging community members to better connect patients

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Overview

The challenge

Police officers are often the first to respond to people experiencing behavioral health crises, with an estimated 20% of calls to them attributed to mental health and/or substance abuse crises. But many police departments are not equipped to respond to these calls. According to Ron Bruno, a police officer for 25 years and the executive director of Crisis Intervention Team International, “a handful of departments have done [crisis intervention training (CIT)] right. But others, too often, see CIT training as merely as a check-the-box, 40-hour exercise.” This can impact police officer morale, who have to witness the impact of an underfunded community mental health system. But the people in crisis suffer the most. From 2015 to 2020, almost a quarter of people killed by a police officer had a known behavioral health condition, with many others injured.

In GRAND’s area, police officers were also the first to respond to people experiencing behavioral health crises. In 2015, the local police department was overwhelmed by the number and severity of behavioral health needs in the community. Though officers lacked sufficient crisis intervention training, they spent considerable time with people in crisis, either ultimately arresting them or transporting them to the emergency department (ED) because they lacked any other option. This was often traumatizing to patients.

This dynamic was also challenging to the local health system. To manage the influx of patients, ED staff would diagnose behavioral health conditions and sign Emergency Detention Orders to discharge patients more quickly to accommodate other emergencies, even if a lower level of care was more appropriate. This led to over-admission to inpatient facilities. In 2015, the same year that the local police department signaled that they were overwhelmed by behavioral health crises, 841 patients served by GRAND also received inpatient psychiatric services at Wagoner Hospital, a hospital in the area.

The organization

GRAND Mental Health is a Certified Community Behavioral Health Clinic (CCBHC) that offers behavioral health services in addition to support with diet, physical health, housing, and employment. The organization operates facilities in thirteen Oklahoma counties, including three crisis centers.

The approach

To reduce inpatient hospitalizations and create lower levels of care for people experiencing behavioral health crises, GRAND Mental Health created dedicated 24/7 crisis stabilization services and extended virtual care access points into the community. The model changed the way crisis care in the region works.

With GRAND's new crisis care strategy, police can quickly and easily connect people with clinicians at the urgent recovery center to assess patient need. Patients can also communicate directly with clinicians when in crisis or if they need support.

The result

Compared to the baseline year of 2015, the model has shown the following results for GRAND's adult clients:

- Reduced inpatient hospitalizations at any Oklahoma psychiatric hospital by 93.1% (from 959 in 2015 to 66 in 2021)
- Reduced inpatient hospitalizations at Wagoner Hospital by 100% (from 841 in 2015 to 0 in 2021)
- Reduced inpatient bed days at Wagoner Hospital by 100% (from 1,115 in 2015 to 0 in 2021)
- Saved state and federal government \$62 million dollars (from 2016-2021)
- Increased number of adult clients served by 163.5% (from 4,326 in 2015 to 11,401 in 2021)

When GRAND started the model, they were a fee-for-service (FFS) community mental health organization. Under FFS, GRAND was able to recoup the money spent from their general revenue budget by reducing the rate of no-show appointments. While GRAND eventually transitioned to a Certified Community Behavioral Health Clinic (CCBHC) business model, leadership believe this approach would have continued to bring a positive return on investment under FFS.

Approach

How GRAND Mental Health created partnerships to improve crisis care

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The two elements

01 24/7 crisis stabilization services to triage patients to the right level of care.

02 Easy virtual access points to extend care into the community.

01 24/7 crisis stabilization services to triage patients to the right level of care

As part of the new crisis care model, GRAND launched the Urgent Recovery Center. It is staffed with a licensed mental health professional, a registered nurse, and two recovery support specialists who provide care for patients in-person and over the phone. The center was designed to prevent people experiencing behavioral health crises from being unnecessarily arrested or taken to the ED. Since 2015, GRAND opened two additional Urgent Recovery Centers.

To connect patients to the center, GRAND started distributing iPads to high-risk patients in 2016. GRAND defined high-risk as patients as patients who were receiving medication assisted treatment or those who had received crisis services at the organization. GRAND later expanded the distribution of iPads to the rest of the patient population. Each iPad features the HIPAA-compliant app that GRAND developed in partnership with MyCare Integrated Software Solutions. The app has a large crisis button that patients can press to instantly speak with staff at GRAND. Therapists are the first to answer calls. If they are unavailable, the system relies on three tiers for backup: the Recovery Support Specialist, nurses, and the unit coordinator. Staff then work with the patient to assess their needs, deliver services like medication management, and coordinate their follow-up care. In 2016, 516 patients had an iPad. In 2020, that number rose to 5,302, a 927.5% increase

GRAND's goal is to have all calls answered within one to three rings. Leaders hold staff accountable by tracking dropped call rates and average rings before an answer via a dashboard.

02 Easy virtual access points to extend care into the community

In 2019, GRAND distributed iPads to police officers so that they could connect people experiencing behavioral health crises to staff members for consultations, crisis intervention, resource information, and referrals. Not only is this virtual co-responder model more scalable than in person ride along models, but the program has also demonstrably reduced criminal charges, ED visits, and inpatient hospitalizations. In 2019, 846 officers had an iPad. Now, it's 1,108. GRAND has also placed iPads in colleges, museums, libraries, and other community areas.

For the iPad system to work, clinicians need to be fully trained and available to answer crisis calls, rather than being on call, which can lead to longer wait times. This also helps reduce burnout because clinicians have set working hours, rather than reacting to unpredictable calls that may disrupt their personal lives.

Results

How we know it's working

Compared to GRAND's baseline year of 2015, the model has yielded the following positive outcomes:

93%

Reduced inpatient hospitalizations at any Oklahoma psychiatric hospital (from 959 in 2015 to 66 in 2021)

93%

Reduced inpatient hospitalizations at Wagoner Hospital (from 841 in 2015 to 0 in 2021)

100%

Reduced inpatient bed days at Wagoner Hospital (from 1,115 in 2015 to 0 in 2015)

\$62M

Savings of state and federal funds

164%

Increase in number of adult clients served (from 4,326 in 2015 to 11,401 in 2021)

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