



ACUTE PSYCHIATRIC SERVICES INTERIM

SENATOR JOHN NELSON, CHAIRMAN

April 28, 2022

FIELD SERVICES

Rosalie Etherington, Chief Clinics Officer/NDSH Superintendent

NORTH
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| Human Services

AGENDA

- Statewide crisis response overview
- Crisis services at critical access hospitals (CAH)
- SEHSC hospital and residential services and needs

STATEWIDE CRISIS SERVICES

ANY RESIDENT, ANY TIME, ANYWHERE



- Walk-In and/or drop-off services
- 24/7 centralized call center
- Walk-In crisis psychotherapy
- Mobile crisis response
- Crisis stabilization

www.BehavioralHealth.nd.gov/crisis

WALK-IN / DROP OFF CRISIS SERVICES

FACILITIES AVAILABLE 24/7 FOR WALK-IN OR DROP OFF

8 Crisis Stabilization Facilities

- Public access to walk-in or drop off anytime day or night
- Dedicated law enforcement drop off site
- Assessment, crisis intervention, and crisis psychotherapy

8 Human Service Centers

- Public access to walk-in or drop off Monday-Friday
- Assessment, crisis intervention, and crisis psychotherapy

24/7 CENTRALIZED CALL CENTER

CRISIS LINE AND MOBILE RESPONSE COORDINATION

- Calls answered by clinically trained specialists
- Crisis intervention and suicide assessment
- Assessment of other risks
- Coordinates mobile response

MOBILE CRISIS RESPONSE

IN-PERSON WITHIN 45-MILE RADIUS OF MAJOR CITIES

1. Person in crisis calls 211 for help
2. If unresolved, 211 activates mobile response
3. Mobile clinician provides intervention
4. If needed, staff refer to stabilization facility or hospital

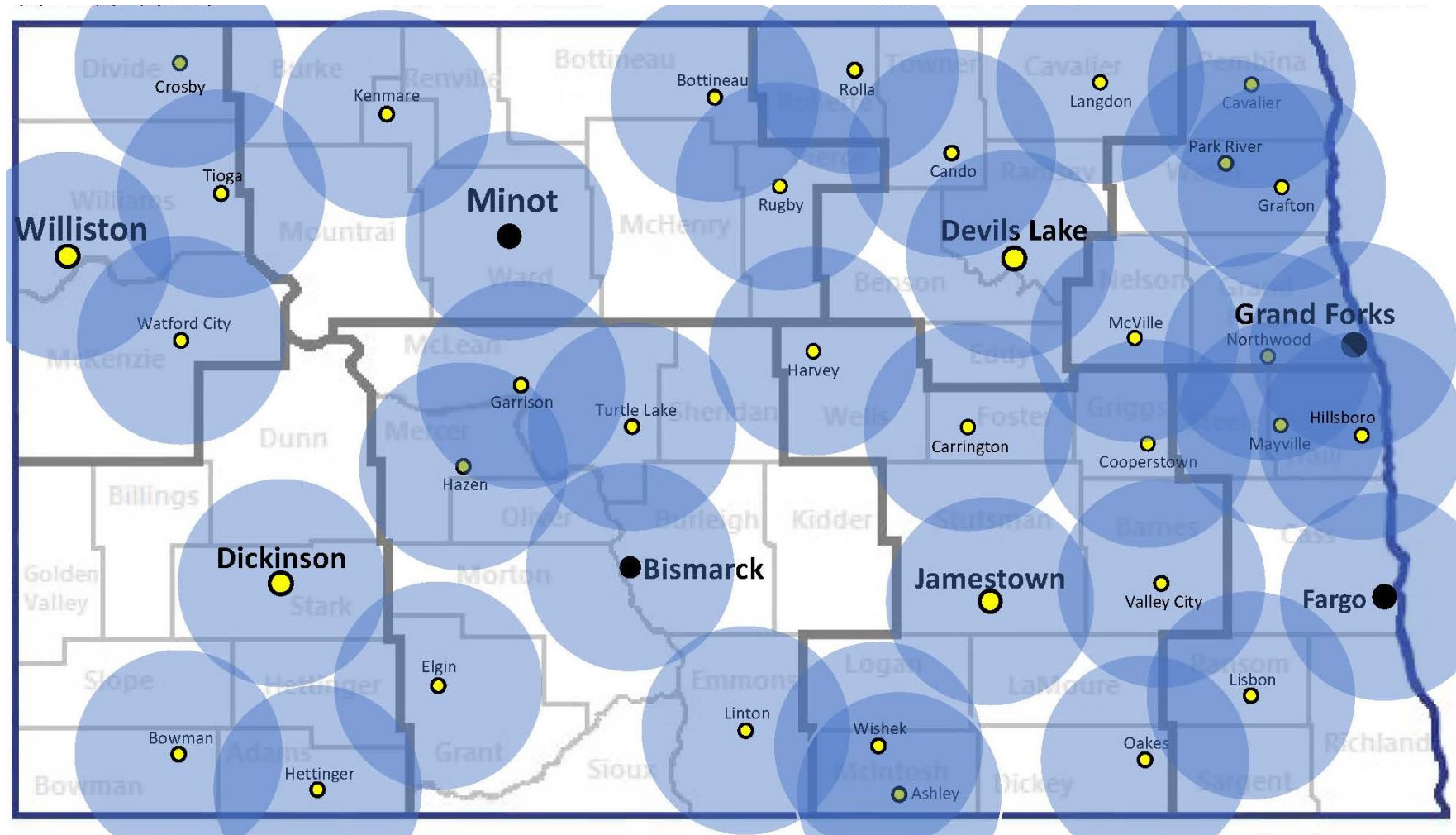
CRISIS RESPONSE IN EMERGENCY DEPARTMENTS

TELE-CRISIS RESPONSE EXPANDS RAPID ACCESS TO SERVICE

1. Person in crisis, or hospital staff, call 211
2. If unresolved, 211 specialist activates mobile response
3. Mobile clinician provides in-person or tele-crisis intervention
4. If needed, clinician assists in referral to psychiatric hospital

STATEWIDE TELE-CRISIS SERVICE ACCESS

PARTNERING WITH CRITICAL ACCESS HOSPITALS TO WIDEN REACH



CRISIS STABILIZATION FACILITIES

OUTPATIENT AND RESIDENTIAL SERVICE

Outpatient assessment, observation, and psychotherapy

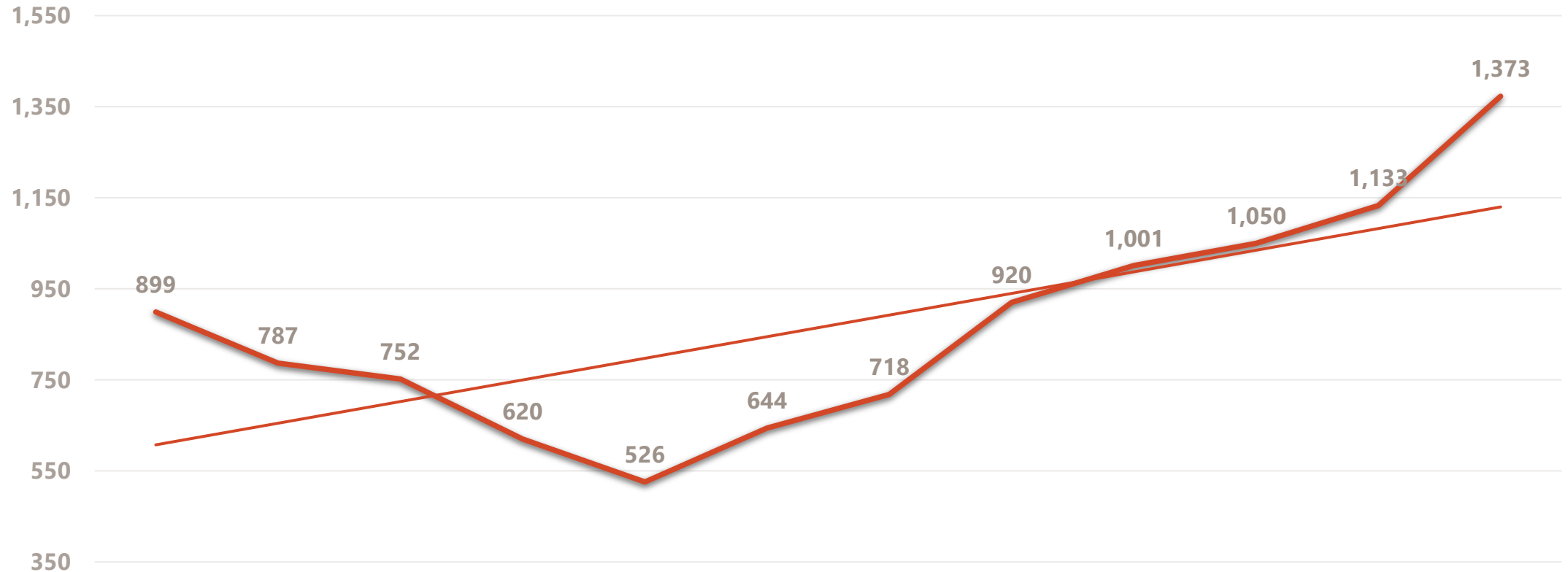
- Suicide and other risk assessment
- Crisis intervention
- Observation for safety and stabilization

Residential stabilization

- Admit to facility anytime, day or night
- Resident observed for safety and stabilization
- Resident receives crisis psychotherapy

STATEWIDE CRISIS SERVICES INCREASE 65%

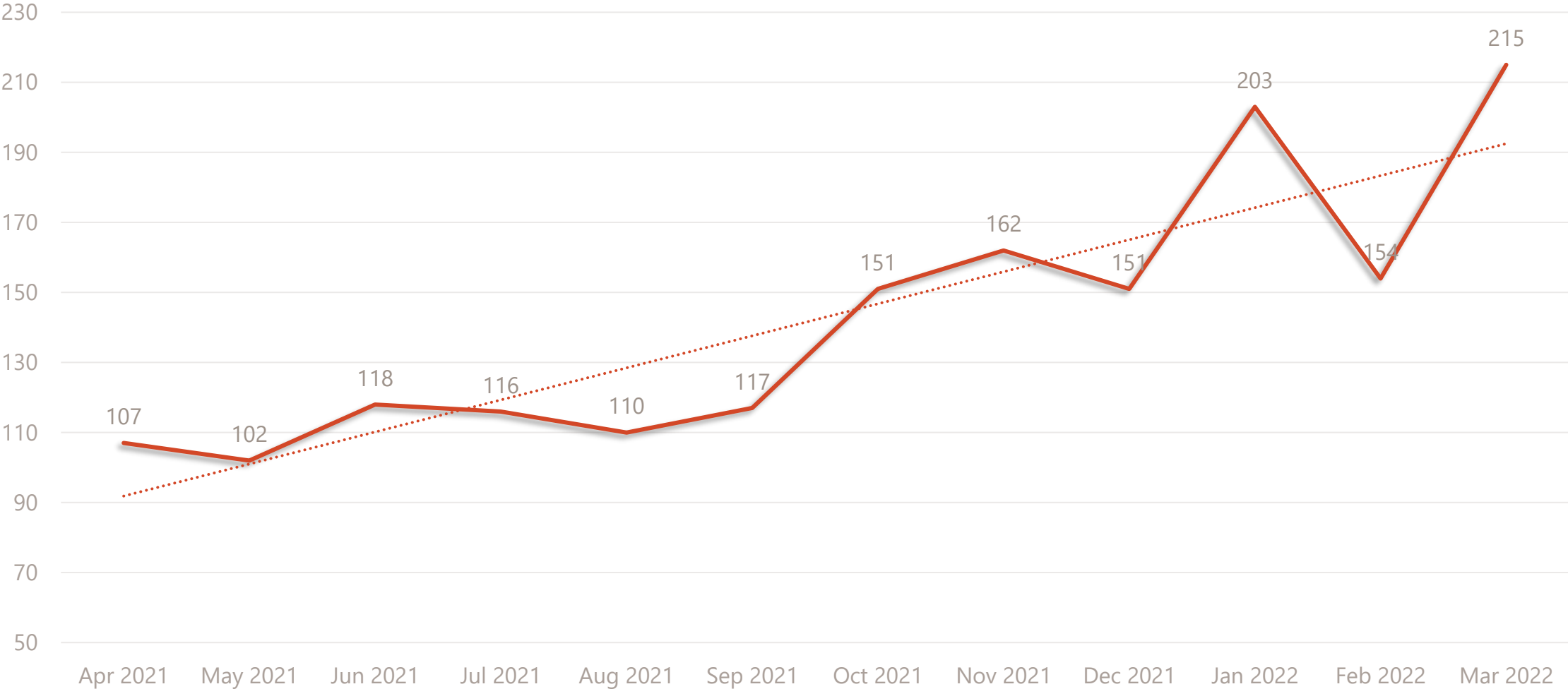
3,137 individuals received 10,423 services in 12-month period



	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
Service Count	899	787	752	620	526	644	718	920	1,001	1,050	1,133	1,373

CRISIS RESPONSE IN ED INCREASES 50%

12-month trend of crisis services to hospital emergency rooms



\$4.4 M FOR SEHSC HOSPITAL SERVICES

Sanford Hospital Psychiatric Unit

- \$190,762 for uninsured recipients

Prairie St Johns Psychiatric Hospital

- \$3,001,245 for Medicaid eligible recipients

Clay County Detox Center

- \$1,238,799 for North Dakota resident withdrawal management

SEHSC RESIDENTIAL SERVICES

Crisis Stabilization Facility

- 15 beds
- Crisis observation and stabilization

Transitional living facility for individuals with mental illness

- 8 beds
- Psychiatric rehabilitation

Substance use disorders residential facilities

- 2 facilities, 23 beds
- 3.1 ASAM residential service level

FARGO AREA SERVICE TRENDS

Increased demand for outpatient, crisis, and jail services

- Closure of Drake Counseling Services
- Reduced PSJ SUD residential beds
- Temporary bed reduction at crisis stabilization facility
- Increased volume of walk-in service requests
- Doubling of behavioral health services to jail setting
- 56% increase in crisis services

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