THE KLEIN FAMILY
HARFORD CRISIS CENTER
Behavioral, Mental Health and Addiction Services

UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

Healthy Harford
LIVE WELL. BE WELL.

HB 332 Mental Health – Emergency Facilities List – Comprehensive Crisis Response Center, Crisis Stabilization Centers, and Crisis Treatment Centers - SUPPORT

For the purpose of providing that the list of emergency facilities the Maryland Department of Health (MDH) is required to publish may include the above listed facilities in addition to emergency departments (EDs).

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The Klein Family Harford Crisis Center was founded as the first regional comprehensive 24/7 public/private public behavioral center in Maryland. The center includes the following services:

- 24/7 Hotline
- 24/7 Mobile crisis team
- 24/7 Urgent care/walk-in
- 24/7 Short-term residential treatment
- Bridge outpatient mental health appointments

The goal of a Crisis Center is to provide person centered trauma informed care, to abate behavioral health symptoms, and achieve the best health outcomes.

Since its opening in September of 2018:

- the hotline has received nearly 4,000 calls.
- Mobile Crisis has responded to 724 emergencies in the community.

The Klein Family Crisis Center officially opened in June of 2019 with 12 hour operating hours, expanding to 24 hour service in August of 2019.

- Between June of 2019 and January 2020, walk-in/urgent care has served 1,385 clients (presently around 260 people per month)

Residential treatment began in September of 2019.

- Since September served a total of 184 clients -presently 40 people per month.

Currently in Maryland, emergency departments are the primary resource for people in psychiatric crisis, yet they are rarely optimal places to provide the attention and calm that a person in acute emotional distress needs for best health outcomes.

The chaos, wait times, and procedural elements of an emergency department-de-humanizing activities such as: disrobing for an exam, surrendering possessions, intrusive security procedures, etc., and can often exacerbate the mental health issue that drove the person to seek care in the first place.

Due to this triggered escalation, individuals with a psychiatric conditions are nearly twice as likely to be admitted to an inpatient bed as individuals with a medical condition. This impacts the entire medical system as emergency

department and inpatient services are the costliest forms of psychiatric care. Unfortunately, as an Outpatient facility, Klein Family Harford Crisis Center can only provide care to individuals in voluntary treatment.

The SAMHSA National Advisory Council created a set of consensus standards that if enacted would significantly reduce unnecessary admissions and adverse patient experiences. These standards concern seclusion, restraint, informed consent, mandatory disrobing, security guards, medical clearance, medical treatment, trauma, accompaniment, and maximum waiting time.

The Klein Family Harford Crisis Center is intentionally designed to address many of these recommendations. The proposed change in legislation to allow the Crisis Center to serve emergency petitioned (EP) patients would allow for more patients to benefit from this trauma informed care.

KEY POINTS FOR QUESTION AND ANSWER:

WHY WE SUPPORT EMERGENCY PETITION CASES COMING TO CRISIS CENTER:

Valid arguments to have law enforcement bring EP's to the crisis center vs. the hospital:

- Patent Centered, trauma informed care
- Better health outcomes – potential shorter duration of stay/less medication
- More appropriate specialized mental health and substance use disorder staff
- Better use of hospital resources, saving beds for people who have no other alternatives
- Influencing Total Cost of Care – Triple Aim of improved quality, reduced cost, better health outcomes

VOLUME STATISTICS

- **5 to 8 people a month are transferred FROM THE Crisis Center to the hospital via emergency petition.** These are individuals who may initially come to seek care, but then refuse treatment and are an imminent safety risk to self or others. Under current law, these individuals must be taken to local a hospital emergency department via police escort. This includes being handcuffed which often escalates their distress.
- In the majority of these cases, the individual would have been better served if they could have remained in the crisis center facility and received appropriate treatment on site.
- Our behavioral Health team estimates that 20%-30% of psychiatric patients presenting in our emergency departments could be better served at the Crisis Center.
- At the Phoenix, AZ Crisis Center, the gold standard for crisis center care in the US, and upon which the KFHCC is based, 98% of psychiatric patients are served by the crisis center. Our team believes that our model will mature in time to meet this same service level.

SUMMARY

This change in care pathway enabled by the proposed legislation:

- is proven in other states
- provides more appropriate care
- reduces trauma and prevents escalation of behavioral health conditions
- supports improved short term and long term health outcomes for patients.

In closing, this legislation is an important first step in meeting the meeting of our vulnerable patients and aligns well with the new Maryland Healthcare model.