

COVID-19 Temporary Quarantine Isolation Center: A Proof of Concept for Behavioral Health Crisis Stabilization Centers

In Hawai'i, in the absence of a Behavioral Health Crisis Stabilization Center, individuals resort to care in the emergency department, resulting in significant costs to the state.

5,714 inpatient discharges with a primary psychiatric diagnosis in total charged \$130 million to Hawaii payers. There were 15,964 ED primary psychiatric discharges with a total charged amount of \$52 million.



The coronavirus pandemic became an urgent impetus for establishing the Temporary Quarantine and Isolation Center (TQIC) for homeless individuals.

Provision of services to homeless populations is complex because they experience disproportionately high rates of behavioral health conditions.



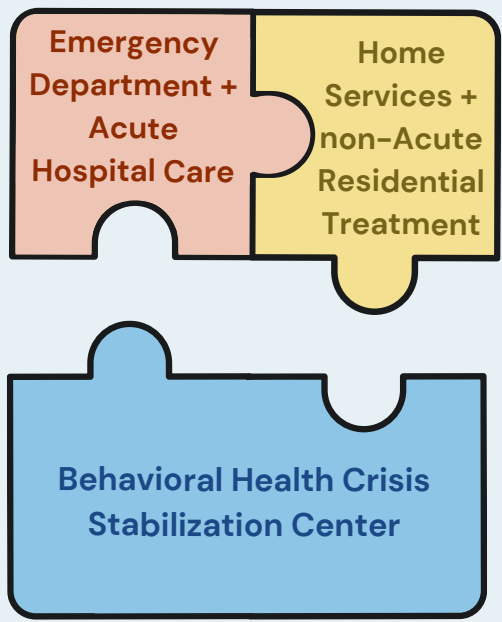
Without Behavioral Health Crisis Stabilization Centers, the State will continue to burden:

1. Avoidable hospital costs and utilization for hospital-based care for ED visits and inpatient stays.
2. High volume of high-need individuals passed between the emergency care system and criminal justice system.
3. High volume of homeless unsheltered individuals at large in the community without receiving the necessary services.

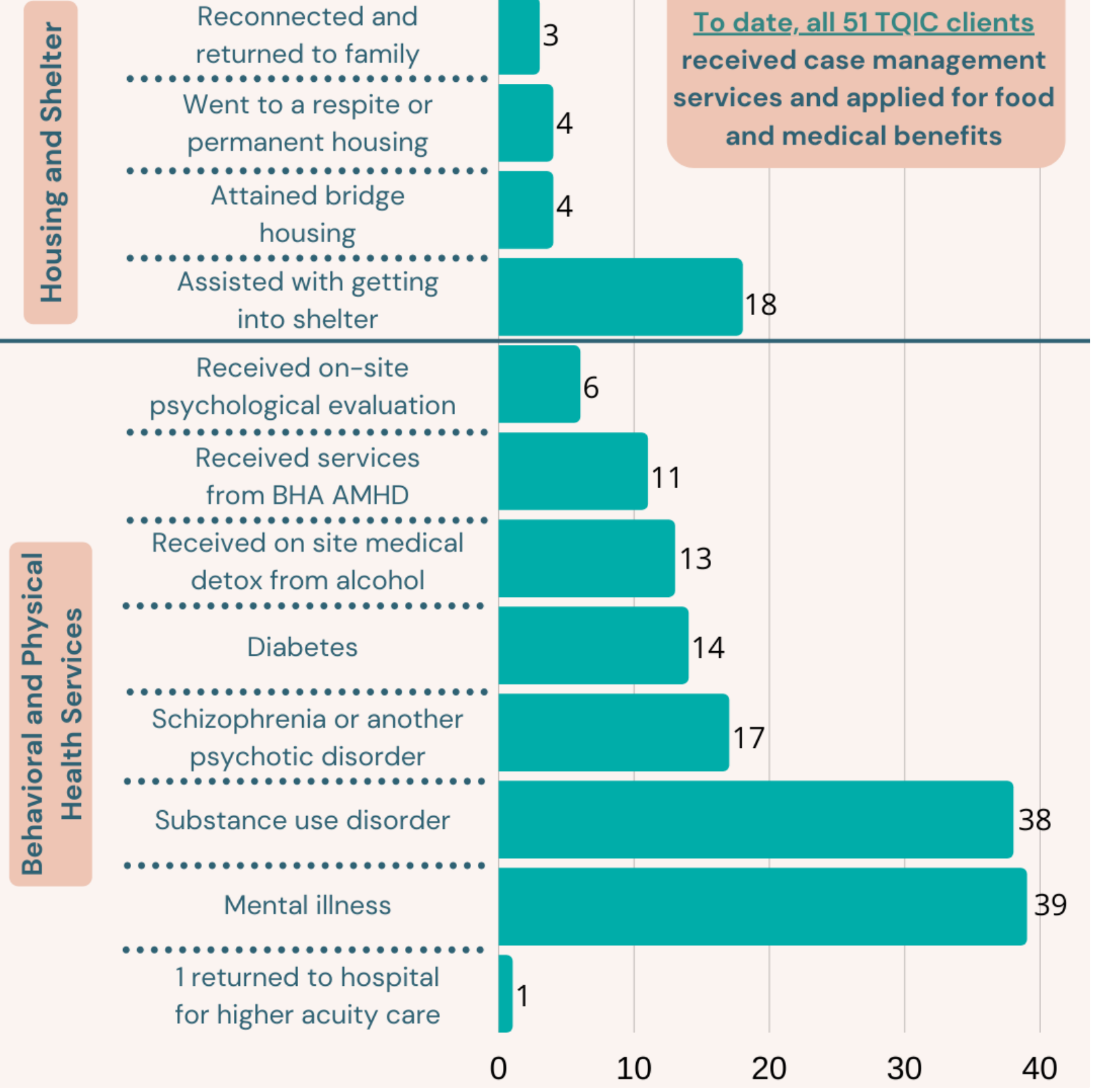


Some individuals have severity level that is **too low** for inpatient but **too high** for Community Based Residential Services.

Crisis Stabilization Centers serve as a crucial intermediary for clients who **need more** than routine outpatient or community based residential care, but **do not need** inpatient hospitalization services.



TQIC Outcomes



The TQIC outcomes seen for the short period of time it has been operational demonstrates proof of concept of the Behavioral Health Crisis Stabilization Center.

In addition to COVID-19 care, the TQIC provided stabilization services for clients for their brief stay who were, in turn, **connected with and placed into more stable long-term services** that likely would not have occurred in the absence of the availability of the TQIC.



A similar residential crisis program residential crisis program cost on average **44% less than an hospitalization**.

The difference in cost per each episode was about \$3,600. The average length of stay for the residential crisis program was 19 days compared to 12 days for hospitalized patients.

44%