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

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Paper: http://go.hawaii.edu/rQA | Slides: http://go.hawaii.edu/AEb

Temporary Quarantine and Isolation Center (TQIC)

The COVID-19 pandemic became an urgent impetus for establishing the TQIC for homeless individuals.

- Using a facility offered in partnership by the **City & County of Honolulu**, the **Hawai‘i Department of Health Behavioral Health Administration** has operated the TQIC with other partners.
- In the present system of care for behavioral health, **many clients are not severe enough** for psychiatric inpatient care but too severe for residential options.
- **The TQIC demonstrates proof of concept** of the **Behavioral Health Crisis Stabilization Center** providing services for several clients in a short period who were, in turn, connected with and placed into more stable long-term services.


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In the absence of a Behavioral Health Crisis Stabilization Center

The State will continue to burden:

1. **Avoidable hospital costs** and utilization for hospital-based care for emergency department visits and inpatient stays.
2. A high volume of high-need individuals passed between an **overburdened criminal justice system** (courts, correctional facilities).
3. A high volume of **homeless unsheltered individuals** at large in the community without receiving the necessary services.

The Continuum of Care for Behavioral Health

The **Hawai‘i State Department of Health** (HDOH)’s **Behavioral Health Administration** (BHA) is the only statutory entity in the State that coordinates a comprehensive behavioral health system and is also a payer of healthcare services.

Services BHA provides across continuum of care:

1. Crisis Services
2. Limited Stabilization Services
3. Treatment Services
4. Preventive, Reintegration, Transition, and Care Coordination Services

Goldilocks Problem: No Behavioral Health Crisis Stabilization Center in the State

Some individuals face a **'Goldilocks'** problem of needing care that is too low for inpatient care and too high for Licensed Crisis Residential Service, but rather a middle level of stabilization that could be offered through a Behavioral Health Crisis Stabilization Center.

Without such an option, individuals resort to the ED, resulting in **significant costs to public payers**.

The High Societal Cost of an ED-Centric Approach

- Homeless populations with behavioral and physical health needs are **particularly vulnerable and costly to treat**.
- Average number of inpatient and outpatient stays per unique client was 1.4 and 1.6, respectively, indicating that clients presenting for acute psychiatric care are **repeat visitors**.
- The current ED-centric approach for psychiatric patients is likely **low value for money** and imposes **high societal** as well as **medical costs**.

5,714 inpatient discharges with a primary psychiatric diagnosis in total charged $130 million to Hawaii payers.

Average length of stay was 6 days.

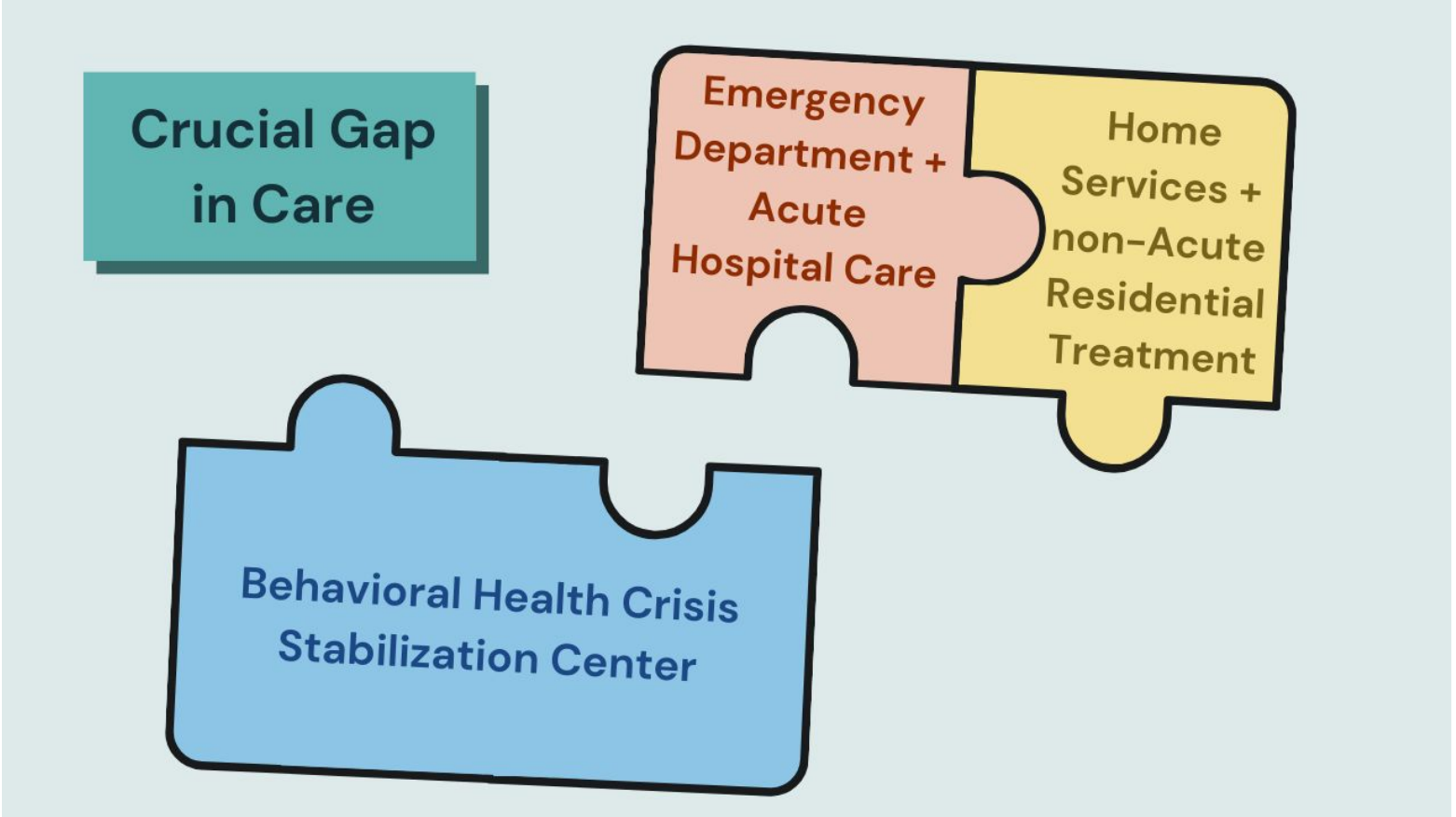
A Nationally Recommended Cost-Saving Approach

- Establishing a **Behavioral Health Crisis Stabilization Center** in the State is a major strategic priority of BHA.
- Provide cost savings through **reduced psychiatric hospitalization**, while maintaining the same standard of outcomes.
- **SAMHSA** has noted that, in the continuum of services for psychiatric emergencies, **crisis stabilization and 23-hour observation beds should be utilized as alternatives** to costly inpatient hospitalizations.

Filling a Crucial Gap in Care

<u>Crisis Stabilization Centers</u> serve as a crucial intermediary for clients who need more than routine outpatient care, but do not need inpatient hospitalization services.

Such Centers can **address needs of patients not currently met** by Acute Psychiatric Hospital Care or Emergency Department visits, Non-acute Residential Treatment, or by Home or Mobile services.



Other States Have Implemented Crisis Stabilization Centers

Washington: Will construct a new 32-bed behavioral health facility for Mental Health Crisis Stabilization in Spokane (March 30, 2020).

Oregon: Established a new $40M center dedicated psychiatric emergency room, the Unity Center for Behavioral Health in partnership with Oregon Health State University, Kaiser Permanente, Adventist Health, and Legacy Health (January 6, 2017).

Alaska: Implemented the Acute Behavioral Health Care Improvement Project with the goals of decreasing avoidable ED visits and repeated ED revisits for individuals with behavioral health issues who present to the ED (August 6, 2019).

San Francisco: Established a facility with 100 beds for specifically serving individuals suffering from addiction and mental illness that integrates homelessness and behavioral health (February 21, 2019).

The Return on Investment

Behavioral Health Crisis Stabilization Services have been shown to **decrease total cost of care** when compared to strategies focusing predominantly on acute psychiatric hospitalizations

Average savings of $3,000 per stay.

To stabilize a client using crisis services rather than hospitalizations.

Inpatient hospitalization stays are often longer, implying an even greater cost savings.

Residential crisis program cost on average 44% less than an hospitalization.

The difference in cost per each episode was about $3,600.

44%

Overview of TQIC

- HDOH operates the TQIC to provide care to unsheltered people under investigation (PUI) for COVID-19
- The TQIC provides 24-hour medical staffing and case management services for these clients with a multitude of physical and behavioral health needs.
- Each client admitted to the TQIC is assigned a case manager through the Institute for Human Services (IHS) onsite case management team
    - The Behavioral Health and Homelessness Statewide Unified Response Group (BHHSURG) website (http://bhhsurg.hawaii.gov) has more information on intake procedures and clinical decision trees.

TQIC Client Profile

As of 5/18/2020, 51 individuals have been admitted and treated at the TQIC.

17

Diagnosed with schizophrenia or another psychotic disorder not specified.

38

Had some sort of substance use disorder.

39

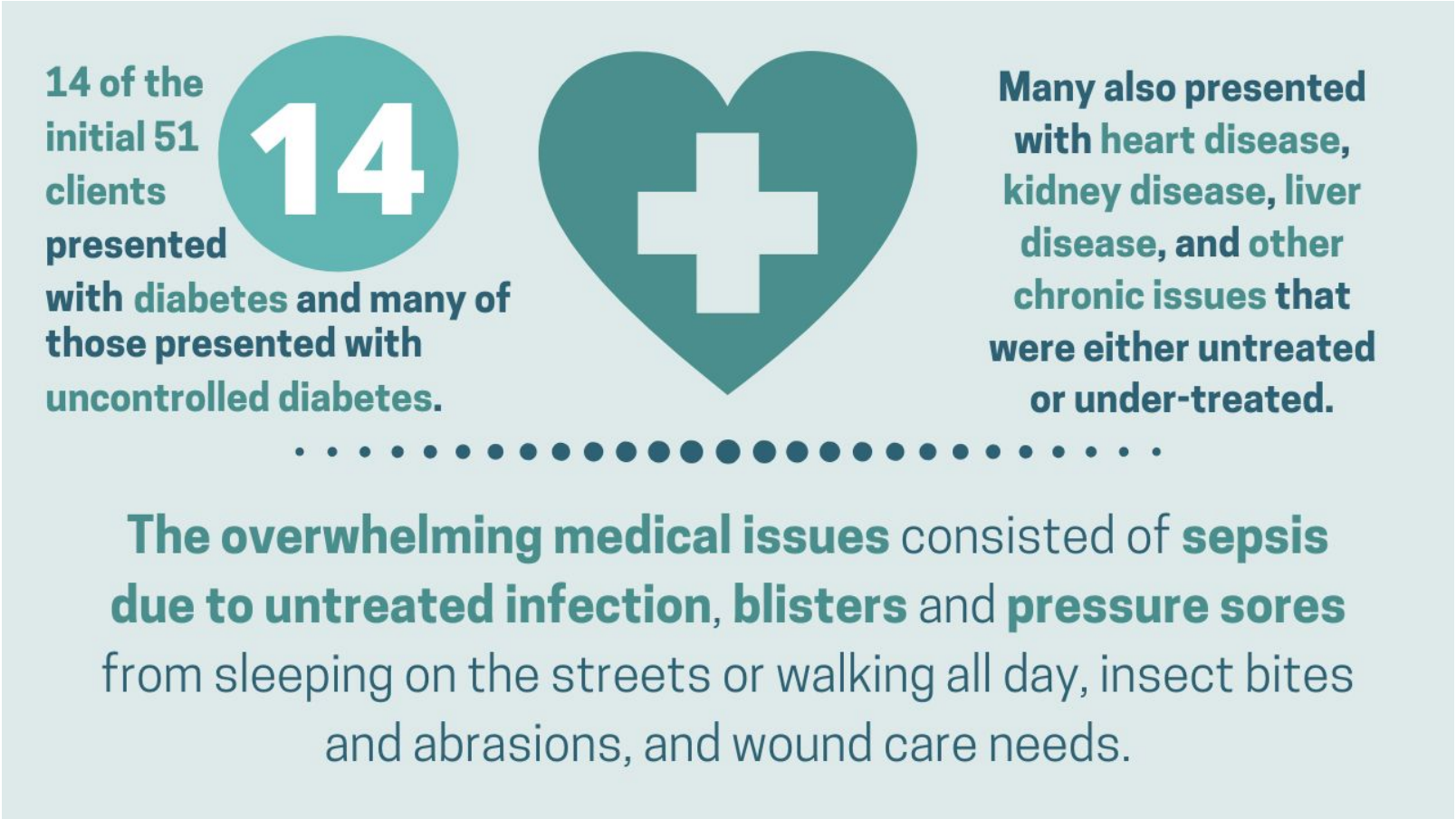
Of the 39 who presented with a mental illness, several expressed suicidal ideation or suicidal attempts or had behaviors that indicated such.

Services

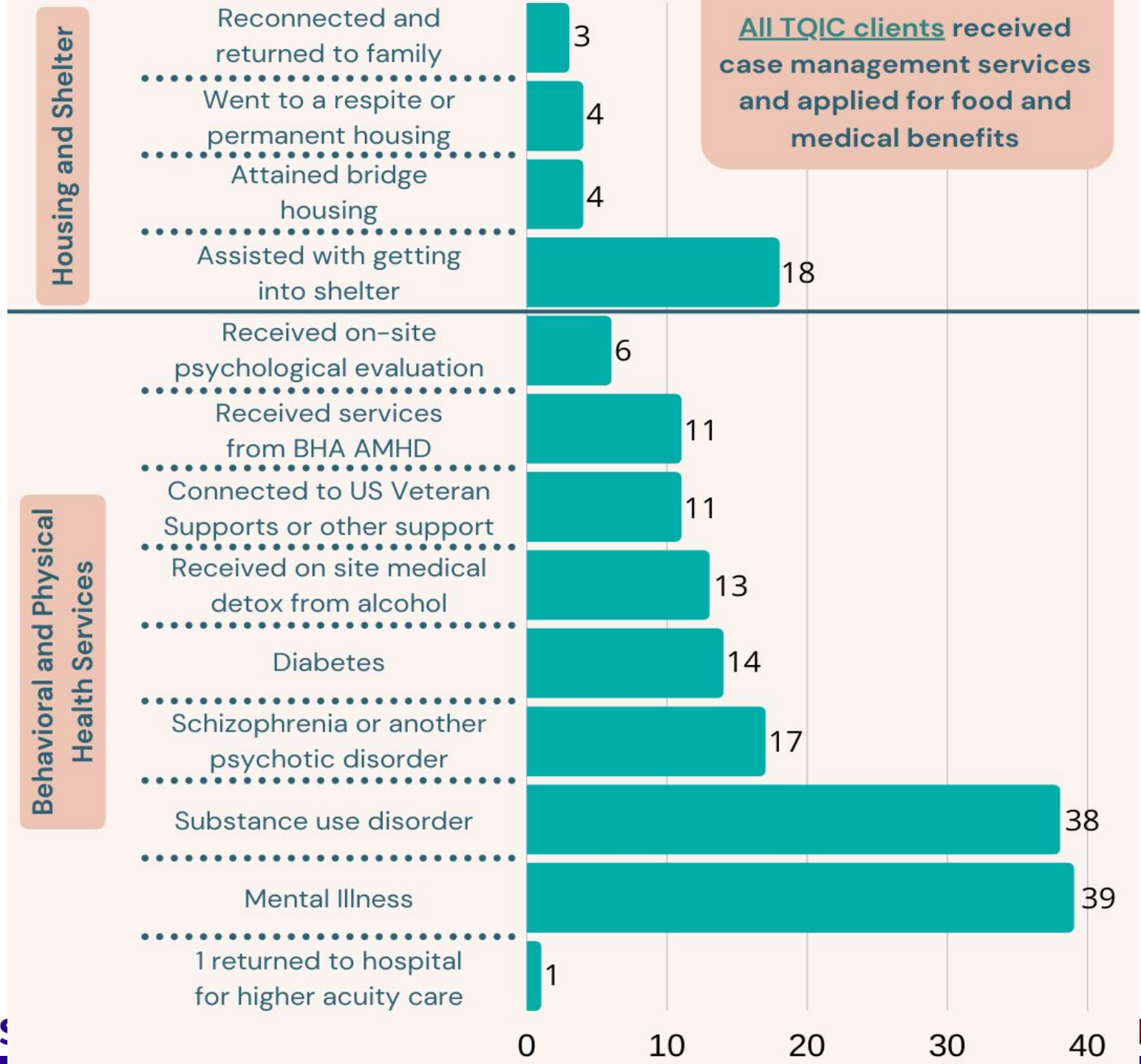
- 9 previously received services from AMHD
- 10 from CARES/CRISIS line
- 3 had been previously admitted to Hawai'i State Hospital (HSH)

Other Chronic and Acute Conditions

All 51 clients who entered the TQIC were **provided extensive medical services** to address all of the unique conditions they presented with.



TQIC Outcomes

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