



**American
Foundation
for Suicide
Prevention**



AMERICAN
PSYCHOLOGICAL
ASSOCIATION



Improving Crisis Care and Suicide Prevention During the COVID-19 Crisis

Introduction: The COVID-19 epidemic can be expected to strain existing community-level crisis services. Yet, much of our nation's local crisis care infrastructure already lacks the resources to serve those experiencing a mental health crisis. Additional resources for access to necessary crisis care services are needed to free hospital beds, facilitate mobile crisis interventions, and ensure that ample capacity exists to serve people through crisis lifelines, in connection with the impending wave of patients infected with COVID-19.

Persons with severe mental illness and individuals in psychiatric crisis account for more than 25 percent of all community hospital emergency department admissions nationwide. National Guidelines for Behavioral Health Crisis Care, recently published by the Substance Abuse and Mental Health Services Administration (SAMHSA), offer a clear roadmap to connecting individuals in mental health and substance use crisis to care in real time, in lieu of boarding in hospital emergency departments or justice system involvement. Funding these tools now will both help communities meet increasing demand for crisis services now, while also creating longer-lasting infrastructure that will benefit communities after the COVID-19 epidemic abates.

Requests:

- 1. A 15% set-aside for the Substance Abuse and Mental Health Services Administration (SAMHSA) Mental Health Block Grant (MHBG) funded with an increase of \$105 million.**
- 2. \$4 million dollars for the SAMHSA National Suicide Prevention Lifeline.**

Rationale:

Funding is needed for the Lifeline to support shifting crisis line operations to home-based work, including: (1) continuity of operations and reduce risk of spreading COVID-19 within the call centers; (2) increased staffing of crisis lines to meet the anticipated demand; and (3) deploying the technology necessary to coordinate community resources through call center hubs. Services coordinated in an air-traffic-control manner would include outpatient health providers, mobile crisis teams, crisis facilities and hospital beds.

The analysis below details our expectations for how communities could allocate resources provided through the MHBG set-aside proposal.

- 1. Crisis Call Center Hubs: Access to someone to talk to while in crisis (\$14 million)** – Crisis care MHBG set-aside funding would be funneled to the 230+ centers across the U.S. to sustain current services and capacity. We anticipate greater demands on the National Suicide Prevention Lifeline’s network of crisis call centers as traditional outpatient services become less accessible due to the virus. Funding is needed for the Lifeline to: (1) support crisis line operations shifting to home-based work to support continuity of operations and reduce risk of spreading COVID-19 within the call centers, (2) increase staffing of crisis lines to meet the anticipated demand; and (3) infuse advanced technology software products that can be used to better coordinate community resources through these call center hubs. Services coordinated in an air-traffic-control manner would enhance access to outpatient health providers, mobile crisis teams, crisis facilities and hospital beds. Nationally, 90% of crisis calls are resolved by phone and do not require a higher level of intervention, so this approach contributes to the ability of communities to create social distancing.
- 2. Mobile Crisis Teams: Someone to go to those in crisis (\$36 million)** – Mobile crisis teams are needed to facilitate interventions that are responsive to current Centers for Disease Control and Prevention (CDC) advisories. Enhanced access to appropriate outpatient facility options will be needed to facilitate efforts to keep high-risk individuals out of emergency departments/hospitals to prevent spreading COVID-19. Mobile team responders are able to travel to the location of a person in crisis and assess his or her needs. In many cases, funding will be needed to secure equipment and staffing necessary to support mobile team interventions that are dispatched through the crisis call center hubs.
- 3. Crisis Receiving and Stabilization Facilities: A place to go to when in crisis (\$55 million)** – Demands for crisis care will likely escalate as anxiety grows throughout the nation and access to traditional outpatient care becomes restricted due to social distancing expectations. Many crisis-receiving and stabilization facilities are asking for states to temporarily increase their capacity to serve more individuals than usual due to the national emergency. Our country must also prepare for some hospital and crisis units to go under quarantine due to the virus which will further strain existing resources. The requested funding can be used for the following purposes:

 - a. to cover the increased costs of operating a crisis facility by covering increased staffing costs (hours, overtime, and registry) for enhanced capacity;
 - b. to invest in enhanced telehealth capacity to support coverage by psychiatrists and nurse practitioners and other needed staff;
 - c. to maintain adequate supplies to serve the community; and
 - d. to facilitate the infrastructure for facilities to operate as effective crisis receiving and stabilization centers and assess the needs of everyone who reaches the facility.