Improving Access to Care using The National Guidelines for Crisis Care – A Best Practice Toolkit

Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services

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Presenters

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- Paul Galdys, MBA, RI International Deputy CEO
- Debbie Atkins, LPC, Director of Crisis Coordination, Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)
- Marie Williams, LCSW, Commissioner of the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS)

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Disclaimer

- This webinar was developed [in part] under contract number HHSS283201200021I/HHS28342003T from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

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Elinore McCance-Katz, M.D., Ph.D., Assistant Secretary for Mental Health and Substance Use.

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People in Crisis

Est. 20,000 to 25,000 ED Visits Per Day Nationally

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Action Alliance "Crisis Now" Policy Paper

Crisis is… "Limited. An afterthought. A work-around. Even non-existent. In many communities, depends on after-hour on-call therapists or space set aside in a crowded ED. Fragmented."

"The increasing dependence on...hospital EDs to provide behavioural evaluation and treatment **is not appropriate, not safe, and not an efficient use of dwindling community emergency resources.**

More importantly, it impacts the patient, the patient's family, other patients and their families, and of course the hospital staff."

Sheree (Kruckenberg) Lowe, VP of Behavioral Health (201 5 Open Letter)
California Hospital Association, with 400+ hospitals and health systems

2005 till now

National Challenges

Psychiatric Boarding	Costs	Public Safety	Deaths of Despair
Extremely long waits in Hospital EDs	Inefficient & ineffective	Perception "we must do more"	Tragic outcomes far too common

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2005 till now

WASH. ST.

COLORADO

CALIFORNIA

ARIZONA

GEORGIA

Statewide Systems
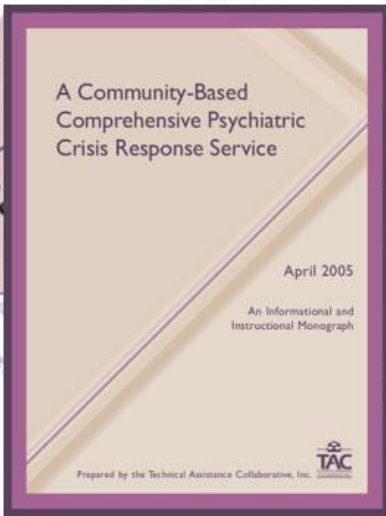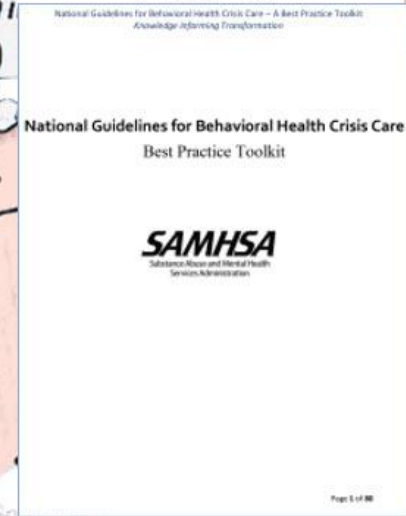
Scaling Solutions

Specific Codes

National crisis billing codes

Emergency Response

Different service delivery expectations

Financing

Adequate reimbursement to deliver

Core Challenges

Getting into Crisis Care
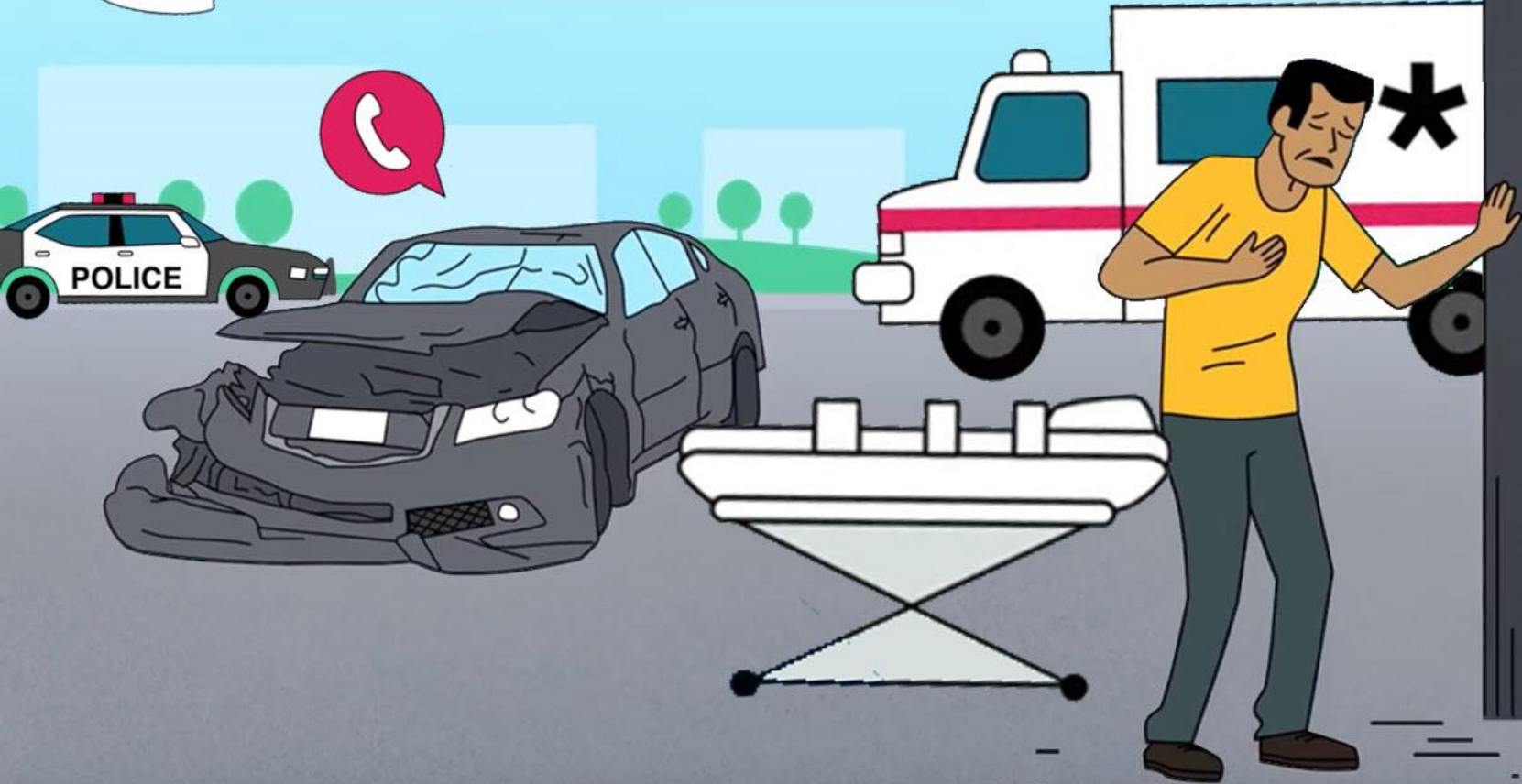
LOCUS (Level of Care Utilization System)

Dimensions
- Risk of Harm
- Functioning
- Co-Morbidity
- Environment
- Treatment History
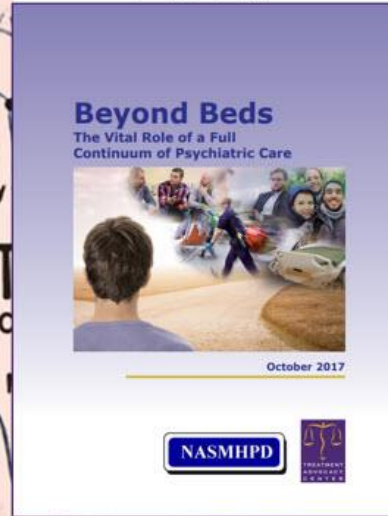- Engagement

Secure Rez/Inpt

Non-secure Rez

Med-Monitored Non-Rez

Intensive Outpatient

Low Intensity Outpatient

Recovery Maintenance

1 2 3 4 5 6

LEVEL

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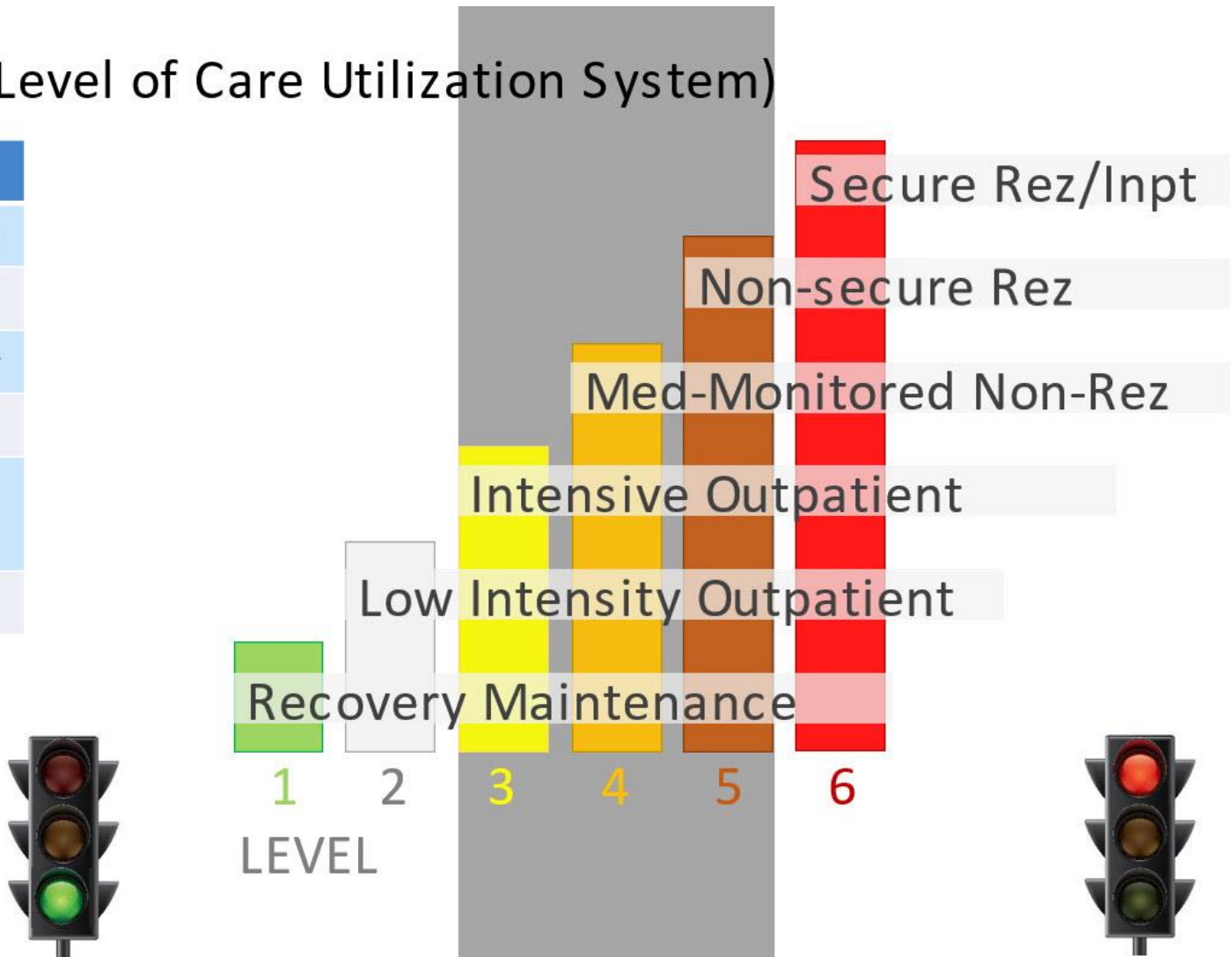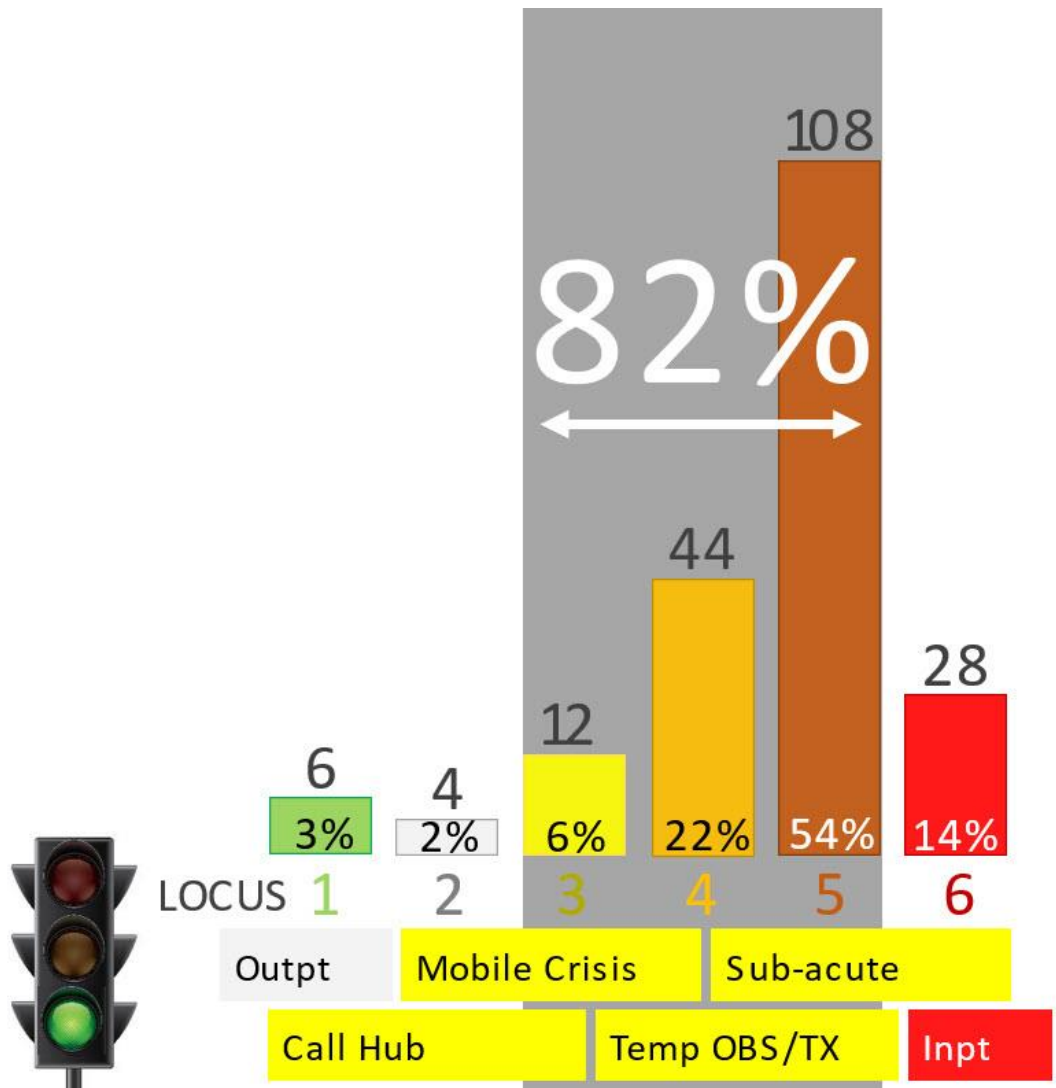
Core Community Crisis Flow
(EDs, Police, Mobile)

200 persons
per 100,000 population
per month

82%

LOCUS	1	2	3	4	5	6
	6	4	12	44	108	28
	3%	2%	6%	22%	54%	14%

Outpt — Mobile Crisis — Sub-acute

Call Hub — Temp OBS/TX — Inpt

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Someone to talk to

Someone to come to you

3

Someplace to go

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3 CORE SERVICES

Best Practice:

Full alignment and raising the bar

① CRISIS CALL HUB

Best Practice:

Caller ID, GPS Mobile Team Dispatch, Bed Registry, Outpatient Scheduling

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② **Minimum Expectations:**

Clinician response, community-based and warm hand-off to facility, as needed

MOBILE CRISIS

Someone to come to you

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2

MOBILE CRISIS

Best Practice:

Peer on Each Response, GPS-enabled Tech, Engaging Police as Last Resort

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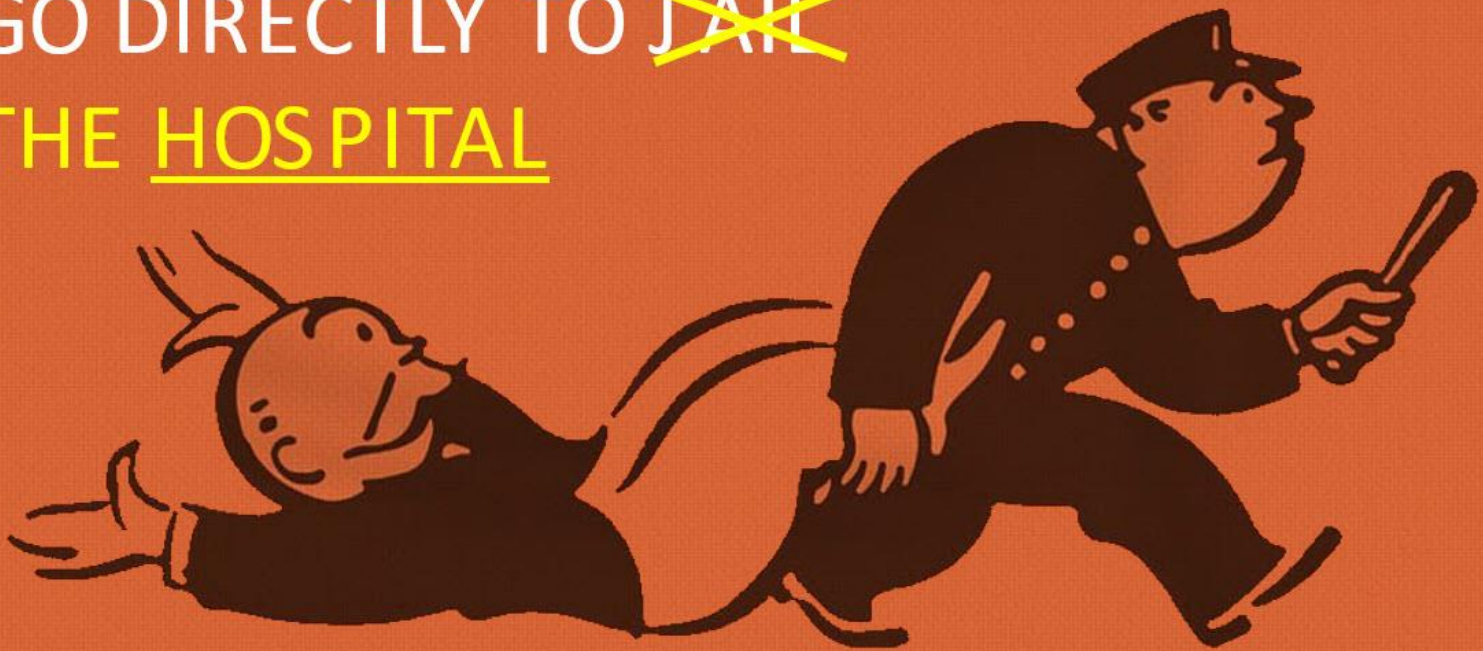
③

Minimum Expectations:

Accept all referrals, No default ED first, 24/7 staffed incl. medical and clinical

24H CARE

Someplace to go

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③

24H CARE

FUSION REACTOR

Best Practice:

Dedicated First Responder Area, Incorporate Intensive Support Beds, Bed Registry and Connections to Ongoing Care

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Core Crisis System Principles

Recovery Needs

Significant Role Peers

Trauma Informed Care

Zero Suicide/Safer Care

Safety / Security for All

First Responder Partnerships

FUSION REACTOR

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LIVING ROOM MODEL

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RAPID DIRECT ACCESS

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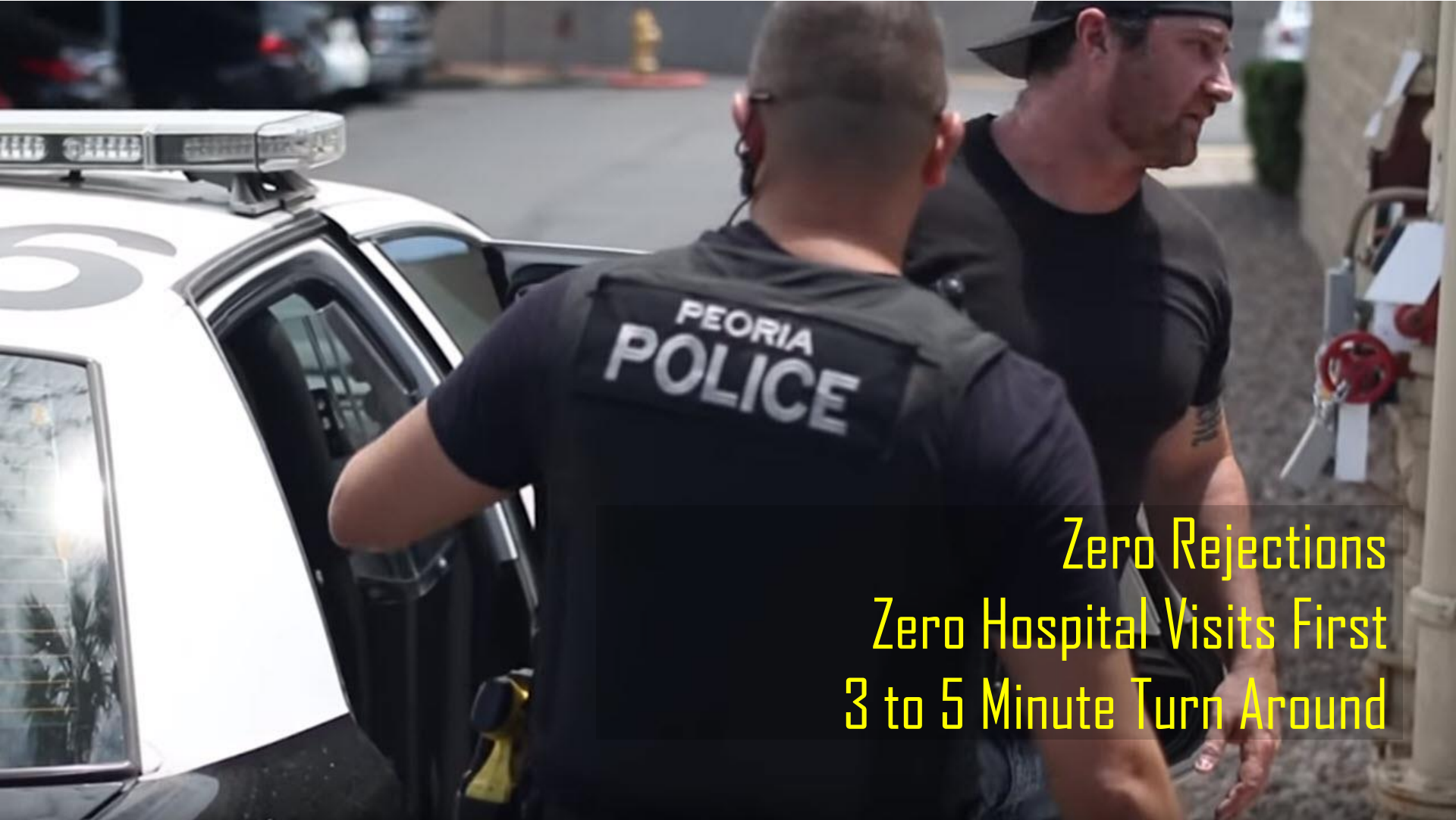
Zero Rejections
Zero Hospital Visits First
3 to 5 Minute Turn Around

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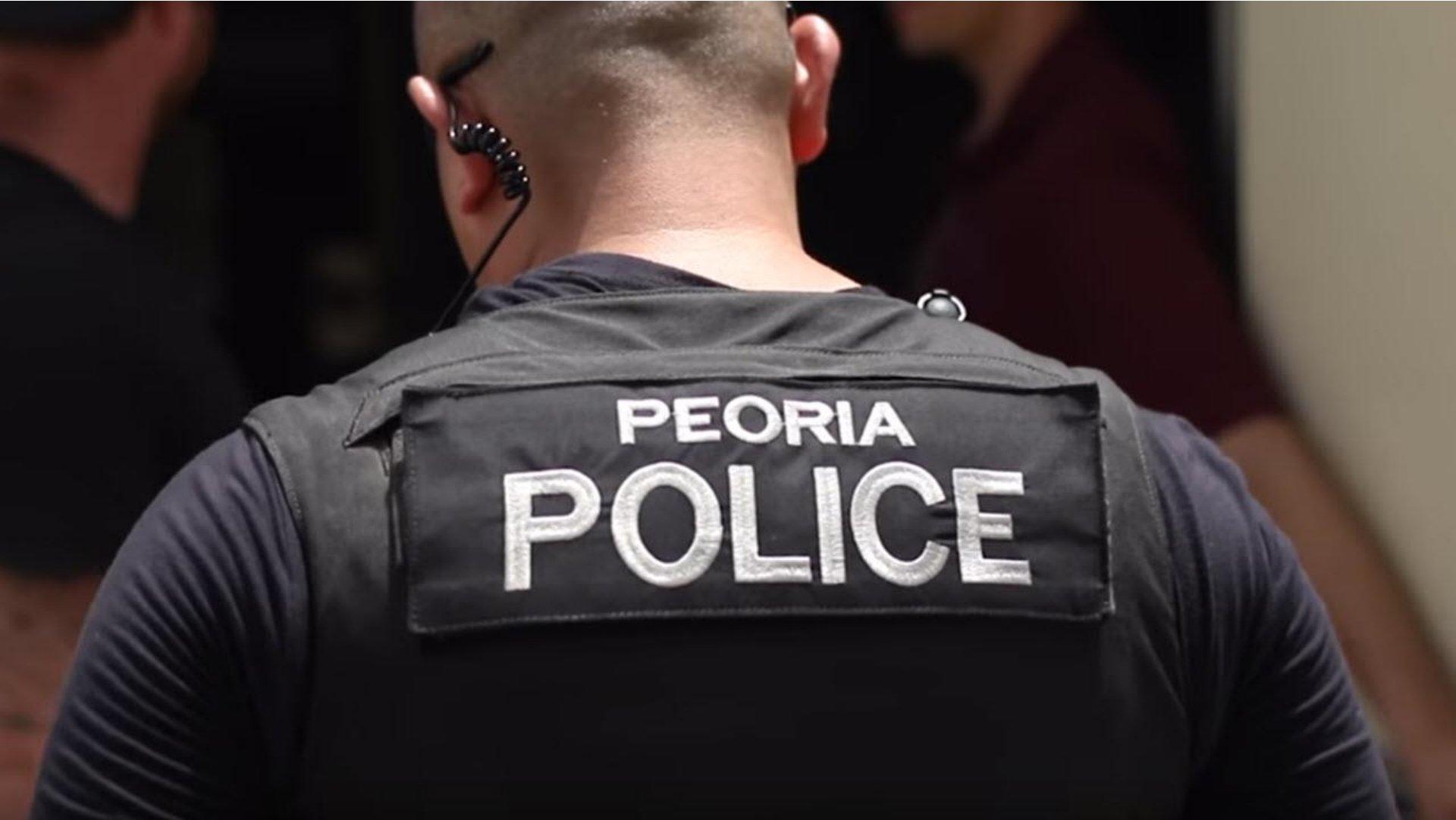
Real Tools for Advancing Crisis Care

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Acuity Rating Scale

Criteria	Actuals	Acuity Score
% of IVC	60	3
LE Drop Off %	82	4
Admissions/24	17.00	2
LOS	24	1
S&Rs/24 hours	1	1
Average Census	17	
1:1's		1

Acuity Score	11.5
Acuity Level	Level 4

Acuity Rating Scale

	0 points	1 point	2 points	3 points	4 points
% of IVC	0-19%	20-39%	40-59%	60-79%	80-100%
LE Drop Off %	0-19%	20-39%	40-59%	60-79%	80-100%
Admissions/24	0-6				
LOS	0-19				
S&Rs past 24 hour	0	1	2	3	4

Acuity Score

Level 1	1-3
Level 2	4-6
Level 3	7-9
Level 4	10+

Suggested Staffing Pattern Per Shift

PEER

Milieu Specialist

Clinician

Nursing Staff

Provider (per 24 HR)

0.00   1.00   2.00   3.00   4.00   5.00   6.00

Calculate your crisis staffing

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Crisis Now Crisis System Calculator (Basic)

	No Crisis Care	Crisis Now		Avg. Cost of Acute Bed/Day	ALOS of Acute Inpatient	Population Census
# of Crisis Episodes Annually (200/100,000 Monthly)	14,880	14,880				
# Initially Served by Acute Inpatient	10,118	2,083				
# Referred to Acute Inpatient From Crisis Facility	-	828				
Total # of Episodes in Acute Inpatient	10,118	2,911				
# of Acute Inpatient Beds Needed	310	89				
Total Cost of Acute Inpatient Beds	$ 92,290,601	$ 26,553,906				
# Referred to Crisis Bed From Stabilization Chair	-	3,312				
# of Crisis Beds Needed	-	25				
Total Cost of Crisis Facility Beds / Chairs	$ -	$ 7,507,853				
# Initially Served by Crisis Stabilization Facility	-	8,035				
# Referred to Crisis Facility by Mobile Team	-	1,428				
Total # of Episodes in Crisis Facility	-	9,464				
# of Crisis Observation Chairs Needed		30				
Total Cost of Crisis Facility		1,031,947				
# Served Per Mobile Team Daily	4	4				
# of Mobile Teams Needed	-	5		$		
Total # of Episodes with Mobile Team	-	4,762				
Total Cost of Mobile Teams	$ -	$ 1,826,367				
# of Unique Individuals Served	10,118	14,880				
TOTAL Inpatient and Crisis Cost	$ 92,290,601	$ 46,920,073		816	10	620,000
ED Costs ($1,233 Per Acute Admit)	$ 12,475,987	$ 3,589,598				
TOTAL Cost	$ 104,766,588	$ 50,509,671				
TOTAL Change in Cost	$ (54,256,917)	-52%				

please edit these 3 variables to estimate optimal allocations

Calculate your own community

CrisisNow.com

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STRATEGIC NEWS / NOVEMBER 22, 2019

FCC Moves to Establish 988 as the National Number for Mental Health and Suicide Crisis

On Tuesday, FCC chairman, Ajit Pai, took a critical step in establishing 988 as the nationwide number for mental health and suicide emergencies, mirroring what the three-digit-number 911 is for medical crises. The FCC Commission will vote on Pai's proposal on December 12th. In his announcement, Pai said all calls would redirect to the existing National Suicide Prevention Lifeline. He stated

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COVID-19 / MARCH 30, 2020

Part 1: Tsunami Alarms Are Blaring—We Must Shore Up the Sea Wall

Earlier this month, Dr. Atul Gawande posted a graphic from Johns Hopkins University that overlaid daily COVID-19 growth in Italy and the United States. The two paths were eerily similar. We at #CrisisTalk began using the same framework and adding in China's trajectory to gain insight into our likely future in the United States. By aligning the first day each country reported over 100 cases (March 2nd in the U.S.), we aspired to project 8 and 45 days into the future. This approach could assist in planning the mental

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NATIONAL GUIDELINES FOR BEHAVIORAL HEALTH CRISIS CARE: BEST PRACTICE TOOLKIT

The National Guidelines for Crisis Care – A Best Practice Toolkit advances national guidelines in crisis care within a toolkit that supports program design, development, implementation and continuous quality improvement efforts. It is intended to help mental health authorities, agency administrators, service providers, state and local leaders think through and develop the structure of crisis systems that meet community needs.

This document was produced for the Substance Abuse and Mental Health Services Administration (SAMHSA), and the U.S. Department of Health and Human Services (HHS).

National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit
Knowledge Informing Transformation

National Guidelines for Behavioral Health Crisis Care

Best Practice Toolkit

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Page 1 of 80
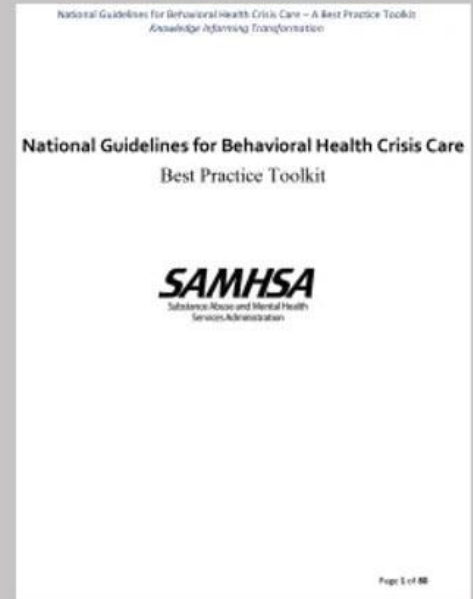
DOWNLOAD

CrisisNow.com

Georgia Department of Behavioral Health & Developmental Disabilities

GCAL Functions
State-wide telephonic crisis de-escalation, assessment and referral free for anyone in Georgia
Single point of dispatch for DBHDD funded Blended Mobile Crisis Teams Statewide
Single point of entry for state-funded contract beds at private hospitals
Preferred point of entry (PPOE) for state hospitals and crisis stabilization units
SAMHSA Treatment Locator Calls from Georgians. 1,500 + calls a month started in 2018
National Suicide Prevention Lifeline Calls, Answer 100% of Calls from Georgians

Georgia Crisis & Access Line
1-800-715-4225
mygcal.com
Sponsored by the DBHDD
Department of Behavioral Health and Developmental Disabilities

Georgia Crisis & Access Line Functions(GCAL)

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Georgia Crisis and Access Line (GCAL)

Statewide Central Call Center

- A toll-free, confidential hotline available 24 hours a day, 7 days a week from anywhere in Georgia providing:
  - Statewide telephonic crisis de-escalation
  - assessment and referrals
  - urgent and emergent appointments
  - For BH, SUD, and IDD including adults and kids.
- GCAL answers all SAMHSA Treatment Locator Calls from Georgians. 1,500+ calls a month
- Answer 100% of National Suicide Prevention Lifeline Calls from Georgia Area Codes

Text and Chat

- MyGCAL app is a connection to the Georgia Crisis & Access Line. It allows young people in Georgia to choose how they want to reach out to us through either text, chat or phone.

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Georgia Crisis and Access Line (GCAL) continued

Centralized Mobile Crisis Dispatch

- Single point of dispatch for DBHDD funded Mobile Crisis Teams Statewide

Real Time Crisis Bed Management

- Single Point of entry for state-funded beds at private hospitals
- Preferred point of entry (PPOE) for state hospitals and crisis stabilization units
- Portal for emergency departments to track and communicate electronically regarding crisis referrals
- Live Beds Inventory of all DBHDD crisis beds

Real-Time Performance Outcomes and Dashboards

- Dashboards on call center performance including text and chat
- Dashboards on Mobile Crisis Services
- Data collection allowing outcomes measurement as determined by DBHDD

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Crisis Contact Center

BHL
Behavioral Health Link

A Crisis Has No Schedule®

24/7 OUTPATIENT SCHEDULING

Routine/urgent needs   **Triage reports attached**

Call management software

24/7 Outpatient Scheduling

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MyGCAL Text & Chat for Georgia's Youth
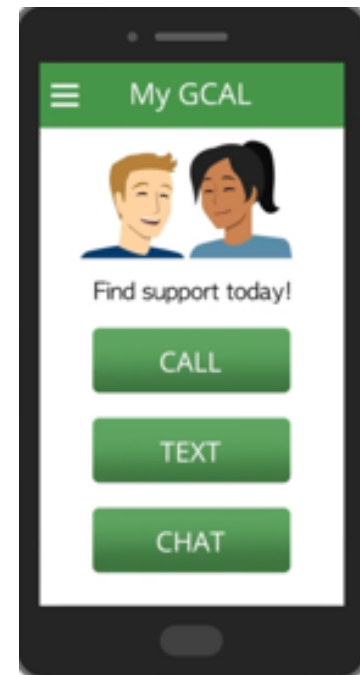
What is the MyGCAL app?

The app is a connection to the Georgia Crisis & Access Line. It allows young people in Georgia to choose how they want to reach out to us either through text, chat or phone call.
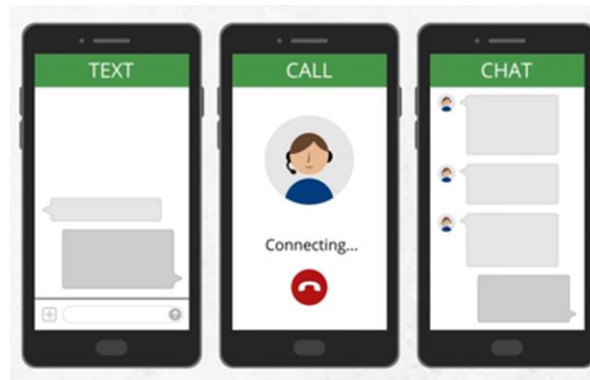
GPS ENABLED MOBILE CRISIS DISPATCH

Element #3- High-Tech Mobile Crisis Dispatch
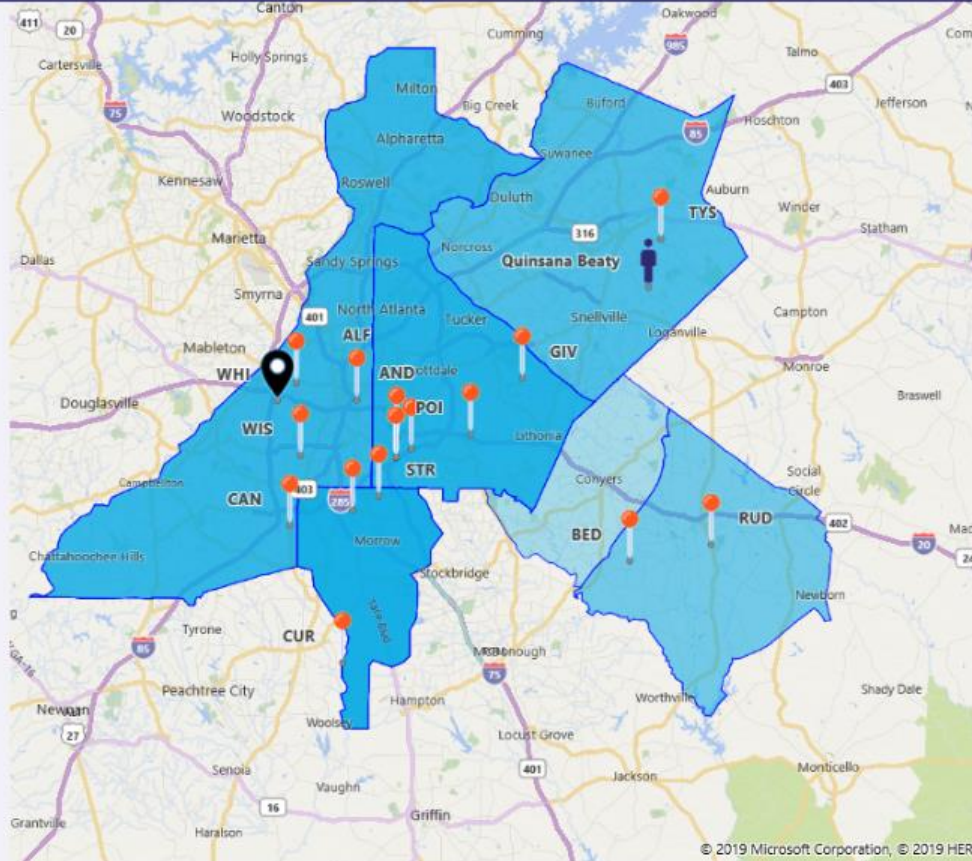
DISPATCHER DASHBOARD

ASSIGNED JOBS

CSRLN: **WHI**

CONSUMER NAME   **Emmanuel Whitaker**

ADDRESS   **2931 Middleton RD Atlanta GA**

FIRST RESPONDER   **Pam Beckham**

SECOND RESPONDER

LOCATION TYPE

MCRS ACCEPT DATE

STATUS   **IN PROCESS**

NEW JOBS

CSRLN: **BRO**

CONSUMER NAME   **Deborah Brown**

ADDRESS   **2170 Chesire Bridge Rd Apt #708**

[Select]

CSRLN: **ALF**

CONSUMER NAME   **Anthony Alford**

ADDRESS   **25 Bouelvard NE**

[Select]

CSRLN: **CAN**

CONSUMER NAME   **Latasha Cannon**

ADDRESS   **2500 Pleasant Hill Rd Apt C-13**

Select Responders

Quinsana Beaty ▽   Second Respond ▽

[Dispatch]

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Shows Every Intensive Referral

- Waiting for care

- How long they've been waiting

- Where they are waiting

STATUS DISPOSTION FOR INTENSIVE REFERRALS

7 Days | Pending | Number of Pending Episodes 127 Scan Elapsed Time 3 Seconds (Double Click a Row to Open Episode)

Type of Facility	Age Gr...	Program or Hospital	Ref/Dispatch Date	Minut...	Referral Source	Ref Location T...	Primary Prese...	Acuity	Locus	C...	Wait Time	Consumer ID
CSU		Region 6 MH Pending Referral (GC...	2/2/2018 2:27 PM	204	Midtown Me...	Hospital ED	MH	Urgent	Level V	6	03:24:27	2018020.
CSU	Adult	Region 5 MH Pending Referral (GC...	2/2/2018 2:21 PM	210	Memorial H...	Hospital ED	MH	Emergent	Level VI	5	03:29:44	2011101
SH	Adult	Region 6 SCB (State Contract Bed)...	2/2/2018 2:18 PM	213	West Georgi...	Hospital ED	MH	Urgent	Level V	6	26:34:52	20110508
PH	C&A	C&A SCB Pending Statewide Refer...	2/2/2018 2:06 PM	225	Wellstar Ke...	Hospital ED	MH	Emergent	Level VI	1	12:21:47	2018020.
CSU	Adult	Region 4 MH Pending Referral (GC...	2/2/2018 1:56 PM	235	Terrell	Jail / Prison ...	MH	Emergent	Level V	4	06:44:25	2017091E
CSU		Region 6 Medical Clearance Pendi...	2/2/2018 1:53 PM	238	N/A	Community	AD	Urgent	Level V	6		2014012.
CSU	Adult	Region 2 MH Pending Referral (GC...	2/2/2018 1:49 PM	242	University H...	Hospital ED	MH	Emergent	Level V	2	07:45:50	2015060.
SH	Adult	Georgia Regional Hospital at Atlant...	2/2/2018 1:39 PM	252	Southern R...	Hospital ED	MH	Emergent	Level V	3	74:59:2	2018013(
PH	C&A	C&A SCB Pending Statewide Refer...	2/2/2018 1:39 PM	252	Northside H...	Hospital ED	MH	Emergent	Level VI	1	14:21:53	2018020.
CSU	Adult	Region 6 MH Pending Referral (GC...	2/2/2018 1:39 PM	252	Spalding Re...	Hospital ED	MH	Emergent	Level VI	6	11:33:3	20130418
CSU	Adult	Region 5 AD Pending Referral (GC...	2/2/2018 1:12 PM	279	N/A	Community	AD	Urgent	Level V	5	29:56:31	2018020
PH	C&A	C&A SCB Pending Statewide Refer...	2/2/2018 12:46 PM	305	Piedmont F...	Hospital ED	MH	Urgent	Level V	6	15:40:5	2018020.
CSU	Adult	Region 2 MH Pending Referral (GC...	2/2/2018 12:36 PM	315	Gwinnett He...	Hospital ED	MH	Emergent	Level VI	3	05:15:35	2009010!
CSU	Adult	Region 1 AD Pending Referral (GC...	2/2/2018 12:07 PM	344	N/A	Community	AD	Urgent	Level V	1	05:43:55	2016072E
CSU		Region 1 MH Pending Referral (GC...	2/2/2018 12:03 PM	348	Northside H...	Hospital ED	MH	Urgent	Level VI	3	05:48:12	2018020.
CSU	Adult	Region 1 MH Pending Referral (GC...	2/2/2018 11:56 AM	355	Redmond R...	Hospital ED	MH	Urgent	Level VI	1	05:55:26	20171108
BHCC	Adult	DeKalb BHCC DeKalb CSB	2/2/2018 11:50 AM	361	Southern R...	Hospital ED	MH	Emergent	Level VI	3	06:01:00	2018020.
APS Hospital	Adult	SCB Approval Request GCAL UM In...	2/2/2018 11:34 AM	377	Northeast G...	Hospital ED	MH	Emergent	Level VI	1	14:19:09	2015090.
SH	C&A	C&A SCB Pending Statewide Refer...	2/2/2018 11:30 AM	381	Children's ...	Hospital ED	MH	Emergent	Level VI	3	26:39:05	2018020
SH	Adult	Georgia Regional Hospital at Atlant...	2/2/2018 11:05 AM	406	Northside H...	Hospital ED	MH	Urgent	Level V	3	16:13:2	2018020.
SH	Adult	Georgia Regional Hospital at Atlant...	2/2/2018 11:01 AM	410	Newton Me...	Hospital ED	MH	Emergent	Level V	3	29:24:05	2010083(
SH	Adult	East Central Regional Hospital GA ...	2/2/2018 11:00 AM	411	Newton Me...	Hospital ED	MH	Emergent	Level V	3	26:27:5	2018013.
SH	Adult	Georgia Regional Hospital at Atlant...	2/2/2018 10:50 AM	421	Atlanta Med...	Hospital ED	MH	Emergent	Level V	3	15:08:06	2009040.
CSU	Adult	Region 6 AD Pending Referral (GC...	2/2/2018 10:14 AM	457	N/A	Community	AD	Urgent	Level V	6	22:17:40	2018020.
CSU	Adult	Region 6 MH Pending Referral (GC...	2/2/2018 9:41 AM	490	Midtown Me...	Hospital ED	MH	Urgent	Level VI	6	08:10:02	2018012.

STATWIDE BEDS INVENTORY STATUS BY INDIVIDUAL BED

SUGGESTED MINIMUM DATA COLLECTION

Crisis Call Center Services

- ✓ Call volume
- ✓ Average speed of answer Average delay
- ✓ Average length of call
- ✓ Call abandonment rate
- ✓ Percentage of calls resolved by phone
- ✓ Number of mobile teams dispatched
- ✓ Number of individuals connected to a crisis or hospital bed
- ✓ Number of first responder-initiated calls connected to care
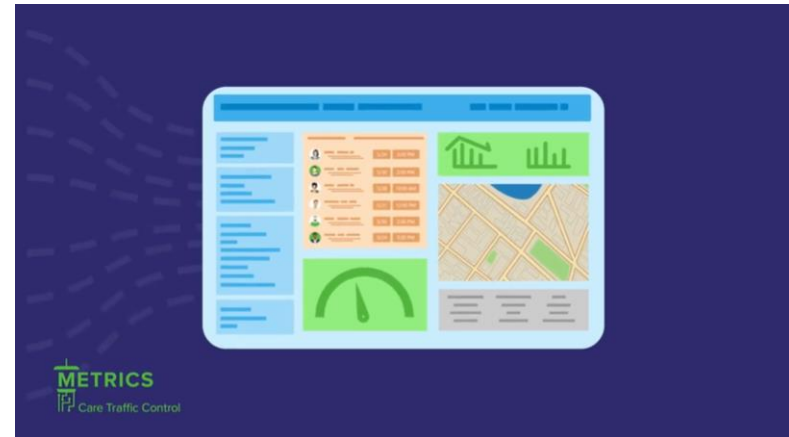
Crisis Mobile Services

- ✓ Number served per 8-hour shift
- ✓ Average response time
- ✓ Percentage of calls responded to within 1 hour… 2 hours
- ✓ Longest response time
- ✓ Percentage of mobile crisis responses resolved in the community

Crisis Receiving & Stabilization

- ✓ Number served (could be a measure of individuals served per chair daily)
- ✓ Percentage of referrals accepted
- ✓ Percentage of referrals from law enforcement (hospital and jail diversion)
- ✓ Law enforcement drop-off time
- ✓ Percentage of referrals from all first responders
- ✓ Average length of stay
- ✓ Percentage discharge to the community
- ✓ Percentage of involuntary commitment referrals converted to voluntary
- ✓ Percentage not referred to emergency department for medical care
- ✓ Readmission rate
- ✓ Percentage completing an outpatient follow-up visit after discharge
- ✓ Total cost of care for crisis episode
- ✓ Guest service satisfaction
- ✓ Percentage of individuals reporting improvement in ability to manage future crisis

National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit Knowledge Informing Transformation (SAMHSA 2020).

MEANINGFUL METRICS

- The live census was launched in 2012. Since then, the state has established benchmarks (in parentheses below) and monitored performance using the following metrics:

- Occupancy rate of Crisis Stabilization Units (90% required)

- Denial rate (no more than 10%)

- Length of Stay (average of 7 calendars days or less)

- Diversion Rate (50% of individuals who present to Walk-In Centers or Temporary Observation Units and are treated in ≤ 24 hours and no longer require inpatient admission to a crisis unit or hospital)

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Real-Time Performance Outcomes Dashboards

Behavioral Health Link Dashboard

Total Calls Offered: 16707
Total Calls Answered: 16302
Abandoned Calls: 405
Crisis Calls (Ans < 15: 9620
Crisis Calls %: 97
NSPL Calls Answered: 2018
Outbound Calls: 9156

Calls by Skill Name
- 56.2% (10047 Unknown)
- 2.5% (444 MCRS)
- 12.4% (2214 NSPL)
- 20.2% (3609 Known)
- 1.6% (294 TextChat)
- SAMSHA
- Gambling
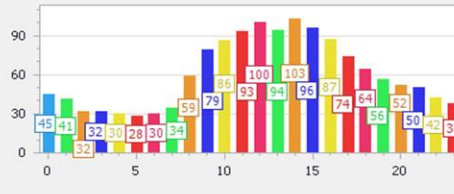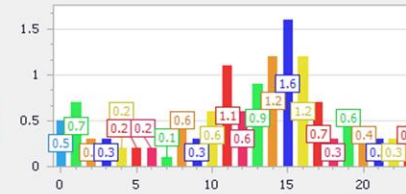
GCAL ASA (seconds)
OES ASA (seconds)
GCAL Abn Rate
OES Abn Rate

OES Offered: 266
OES Answered: 263
Total Text Calls: 110
Total Chat Calls: 156
Downloads: 00000
Avg Talk Time Mins (Text/Chat)
Avg Talk Time Mins (GCAL)

Avg Calls by Day of Week

Day	Value
Sunday	387
	609
Tuesday	646
	619
Thursday	632
	605
Saturday	426

Avg Calls by Hour
45 41 32 32 30 28 30 34 59 79 86 93 100 94 103 96 87 74 64 56 52 50 42 38

Avg Abn Calls by Hour
0.5 0.7 0.3 0.2 0.2 0.6 0.1 0.3 0.6 1.1 0.6 0.9 1.2 1.6 1.2 0.6 0.7 0.3 0.4 0.3 0.4

Examples of Georgia Data

- Length of Stay Chart for a region

- Recidivism Chart

State of Tennessee's Crisis Delivery Model

Crisis Services History

- Crisis response teams were established in 1991

- Contract with 13 providers across the state to deliver mobile crisis services 24/7/365

- Statewide hotline number routes caller to nearest provider based on area code and defaults to one provider if does not route due to unknown area code.

- TDMHSAS is also proud to participate in the National Suicide Prevention Lifeline with 6 TN providers assisting in answering the calls across the nation

- Respite services were established in 1992 to allow a community based option that offers a temporary reprieve from an environmental stressor

- Crisis Stabilization Units and Walk-in Centers were added in 2008

- Contract with 7 providers to provide 8 CSUs and Walk-in Centers to operate 24/7/365

TENNESSEE CRISIS SERVICES STATEWIDE MAP

Statewide Crisis Line: 855-274-7471 (855-CRISIS-1)

TN Department of Mental Health & Substance Abuse Services

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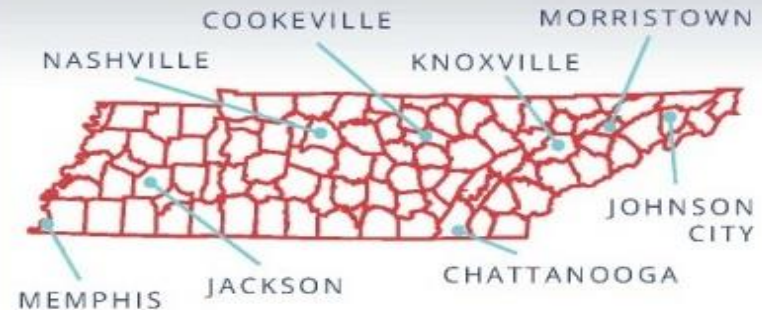
Funding Model

- **Statewide Crisis Hotline** – Funded with state dollars - $50,000

- **Mobile Crisis** – Blended funding with Medicaid and state dollars. Rates based on a PMPM (per member per month) model as determined by TennCare with state dollars contributing approx. 20% of total. Funded to ensure firehouse model.

  State $5,061,206 Medicaid - $20,751,041

- **Respite** – State pays at cost not to exceed 1/12 of total maximum liability per month while TennCare (Tennessee Medicaid Waiver) pays a fee for service.

  State - $507,567   Medicaid- $163,241

- **CSU/WIC** – State pays at cost not to exceed 1/12 of total maximum liability per month while TennCare pays a fee for service.

  State- $15,051,033 combined

  Medicaid - $3,720,978

TOTAL CRISIS INVESTMENT: $45,305,066

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

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