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Tennessee crisis services continuum

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Crisis Services are a continuum of services that are provided to individuals experiencing a psychiatric emergency. National statistics attest to the significant need for crisis services. Published studies report that about 25% of all US adults have a mental illness and that nearly 50% of US mental illness during their lifetime (CDC, 2011). The provision of crisis services is multifaceted and differs state by state or regionally in the public sector, and among individual hospitals and health care systems in the private sector. Major factors driving that variability are sources of funding including patients' insurance, geographical challenges, and local preferences. Research has shown that mobile outreach can help people address psychiatric symptoms and reduce the number and cost of psychiatric hospitalizations, the need for law enforcement intervention, and the number of emergency department visits (HHS/ SAMHSA, 2014). Few communities provide a full continuum designed to provide the right care at the right time and support an individual's ability to cope when in a crisis. Core crisis services include 23-hour crisis stabilization/ observation beds, short-term crisis residential services and crisis stabilization, mobile crisis services, 24/7 crisis hotlines, warm lines, directive statements, crisis services. The primary goals of these services are to stabilize and improve psychological symptoms of distress and to engage individuals in the most appropriate course of treatment. The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) Crisis Response System was developed in 1991 four main programs: Mobile Crisis (Adult and Children & Youth), Walk-in Centers (WIC), Crisis Stabilization Units (CSU), and Crisis Respite Services. This presentation will focus on Tennessee's development of a comprehensive crisis system, including prioritizing partnerships, innovative uses of technology for crisis response, and funding considerations.

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