



SB 2012

Senate Appropriations – Human Resources Division Committee
Senator Dever, Chairman

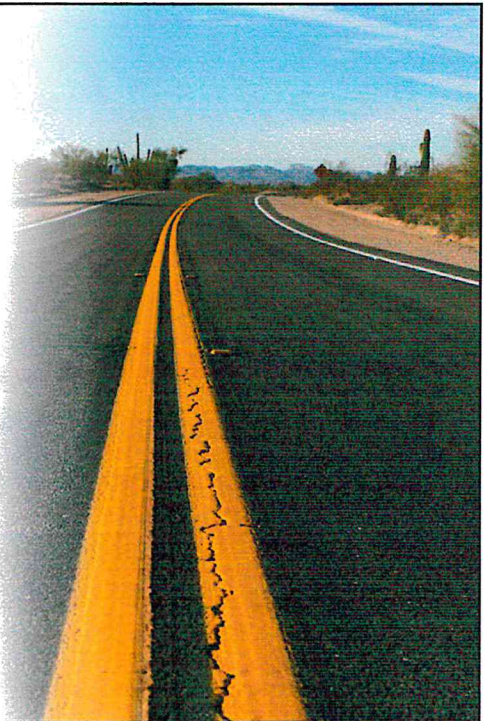


Behavioral Health Division, **Human Service Centers** | February 7, 2023

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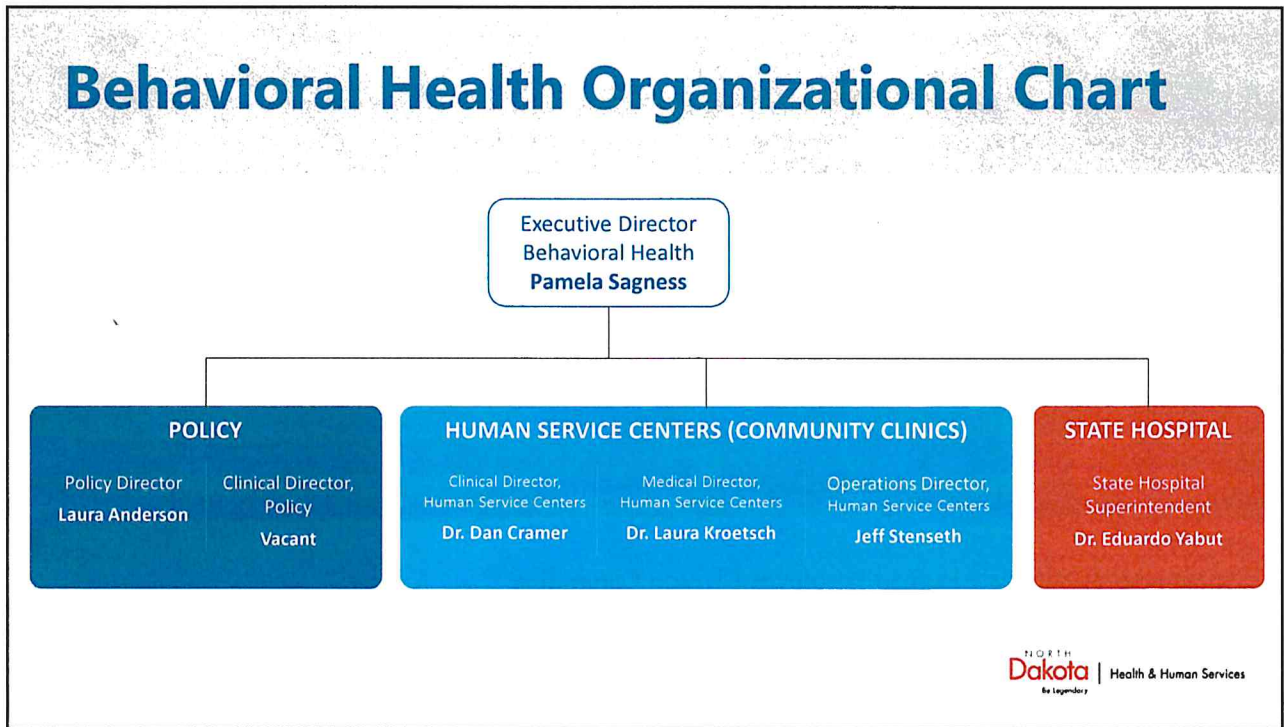
Roadmap

- HSC Clinic Leadership Restructure
- Services
- Essential Elements to Align with Future Vision
- Workforce
- Contract
- Budget
 - Itemized List of Changes



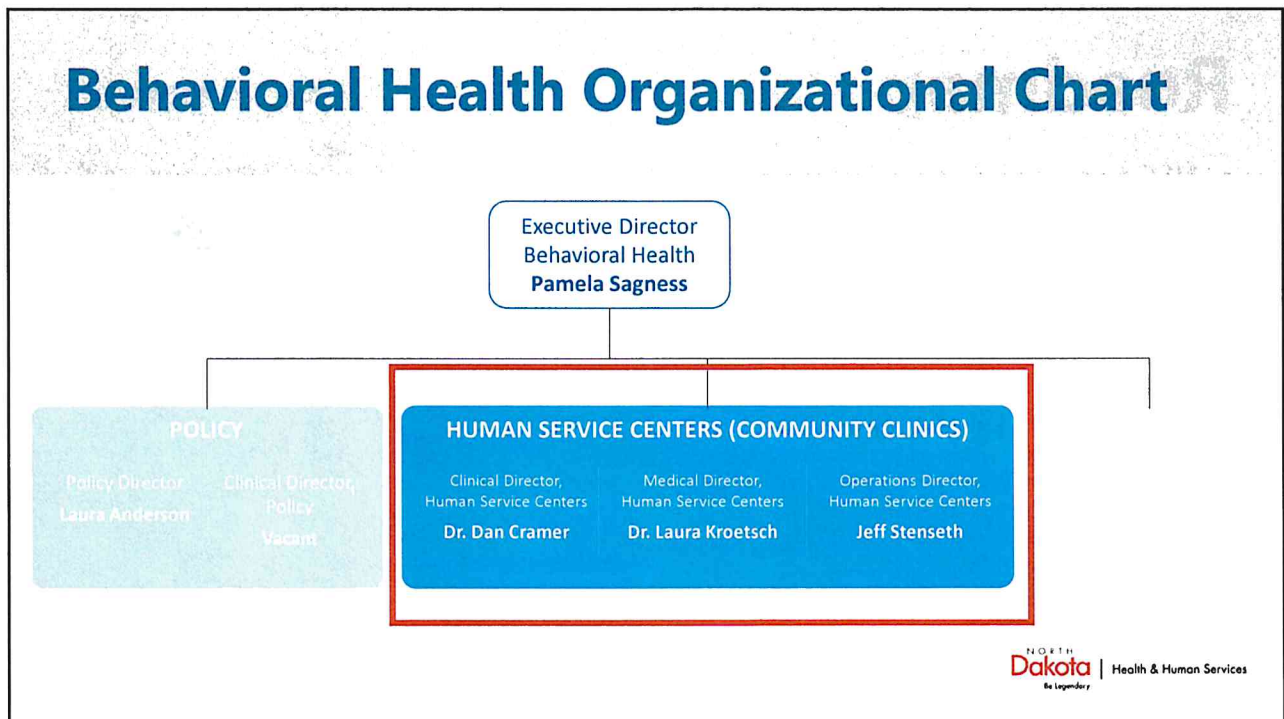
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Behavioral Health Organizational Chart



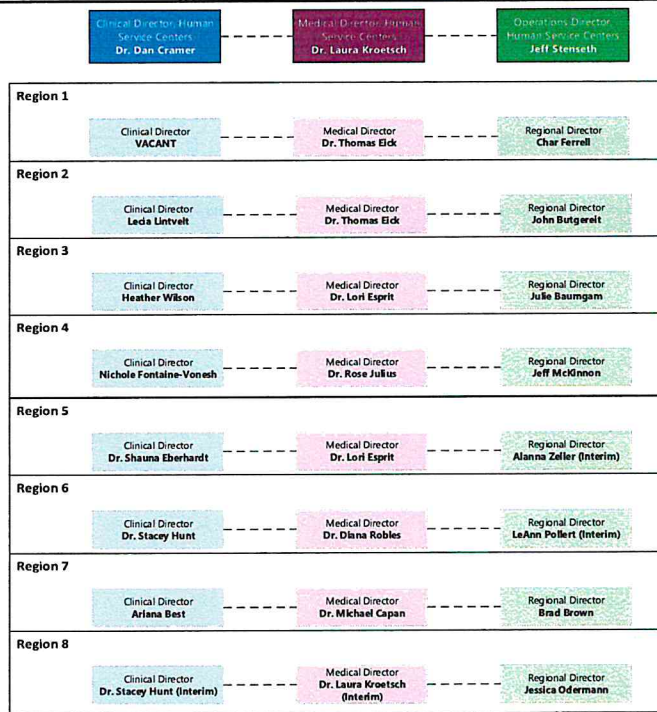
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Behavioral Health Organizational Chart



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Human Service Center Leadership Structure



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50-06-05.3. Regional human service centers - Powers - Duties - Human service advisory groups.

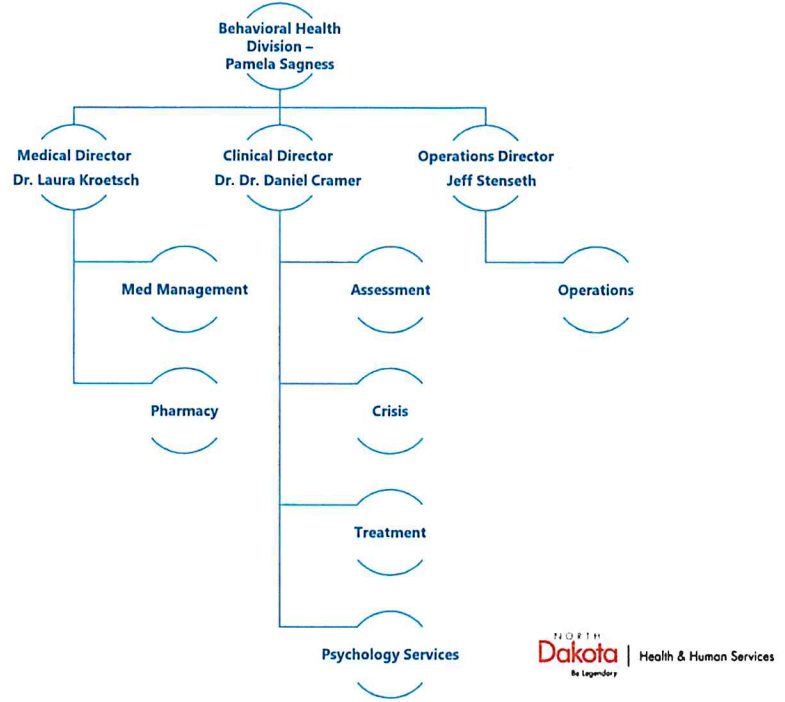
1. Regional human service centers shall provide human services to all eligible individuals and families to help individuals and families achieve or maintain social, emotional, and economic self-sufficiency by providing human services to:

- a. Prevent, reduce, or eliminate dependency;
- *b. Prevent or remedy the neglect, abuse, or exploitation of children and of adults unable to protect their own interests;
- *c. Aid in the preservation, rehabilitation, and reuniting of families;
- d. Prevent or reduce inappropriate institutional care by providing for care while institutionalized or providing for community-based or other forms of less restrictive care;
- e. Secure referral or admission for institutional care;
- f. Provide outpatient diagnostic and treatment services;
- *g. Provide information concerning guardianship to people interested in becoming or who are guardians; and
- h. Provide rehabilitation and crisis services for patients with mental, emotional, or substance use disorders, an intellectual disability, and other psychiatric conditions, particularly for those patients who have received prior treatment in an inpatient facility

**Engrossed SB 2083 to remove subdivisions*

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HUMAN SERVICE CENTERS



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What Human Service Centers Do

(Data from July 1, 2021 – December 31, 2022)

Assessment Services

- Walk-in Availability, 8am - 5pm
- 13,626 individuals triaged and screened
- 5,086 individuals met the need for full assessments

Treatment Services

- Serving those with greatest complexity
- 250,041 services provided to 7,136 individuals

Crisis Services

- Call Center
 - 22,318 Crisis Calls
- Mobile Crisis
 - 19,620 crisis services provided
- Stabilization Units
 - 2,237 admissions to crisis stabilization units

Specialized Services

- Psychiatric Services
- Psychological Evaluations
- 50,266 services provided to 5,793 individuals

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Treatment Services

Serving those with greatest need



- **Complexity:** Individuals who are experiencing moderate to severe/extreme functional impairment secondary to a behavioral health condition
- **Safety Net:** Individuals and families with limited access to other services or resources in their community.



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Treatment Handout


Behavioral Health Division
Human Service Centers (Community Behavioral Health Clinics)

Treatment Overview

The Regional Human Service Centers (HSC) serve North Dakota citizens with the greatest behavioral health care needs. This includes individuals who otherwise would not be served or would be significantly underserved. The goal is to not compete with private providers, but instead to complement treatments already available within local communities and assure availability of a full array of required treatment options.

A different approach to care:

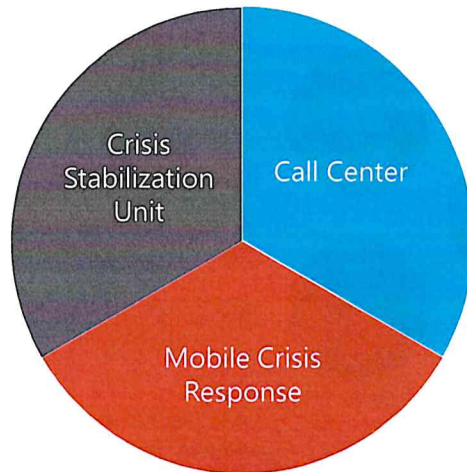
 <p>Health</p> <ul style="list-style-type: none"> • Help foster health, growth, and community connections. <p>Outcomes: 73% of individuals served reported, "I am better able to take care of my needs."</p>	 <p>Home</p> <ul style="list-style-type: none"> • Help connect to safe and supportive living environments <p>Outcomes: Homeless at entry: 28% Homeless current: 13%</p>	 <p>Community/ Purpose</p> <ul style="list-style-type: none"> • Help connect to work, community groups, or activities, which facilitate meaning. <p>Outcomes: 75% of individual's report that as a result of services, they are better able to do things they want to do.</p>
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Behavioral Health Crisis Care

Core Services & Best Practices



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Crisis Stabilization Units: Best Practice Anchors

Purpose:
To manage risk at lowest level of care and avoid unneeded hospitalizations/ER visits.

Do not require medical clearance prior to admission but will assess for and support medical stability while in the program *	Design their services to address mental health and substance use crisis issues	Employ the capacity to assess physical health needs and deliver care for most minor physical health challenges *
Staff at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community *	Offer walk-in and first responder drop-off options	Ensure timely access to licensed and/or credentialed clinicians capable of completing assessments
	Screen for suicide risk and complete comprehensive suicide risk assessments and planning when clinically indicated	

- Full Implementation
- Partial Implementation
- Not Implemented

* Included in Crisis Enhancement funding

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(SAMSHA Best Practice Tool Kit, 2020)

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Crisis Service Enhancement: Shrinking the Gap

In order to shrink the gap and meet SAMHSA crisis service Anchors for both Stabilization Facilities and Mobile Crisis Response the following budget enhancements have been brought forward:

Stabilization Facilities

- Contract for on-call psychiatry – 24x7 to stabilization units statewide: \$3,874,500.
- Contract for nursing telehealth service to stabilization units statewide: \$2,080,000.
- Contract for general physician support to stabilization units statewide: \$132,000.
- 1 Registered Nurse for NWHSC: \$194,000.

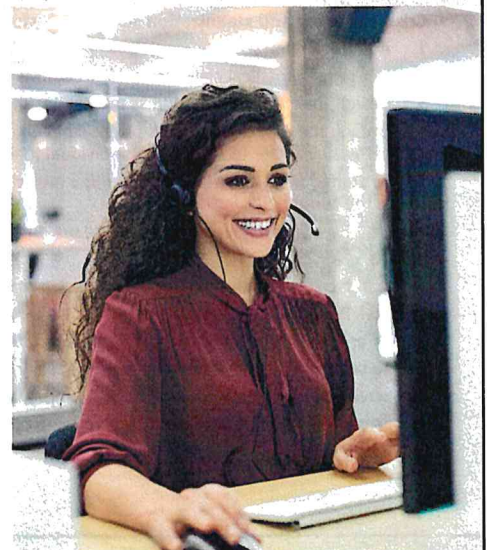
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Crisis Service Enhancement

In order to shrink the gap and meet SAMHSA crisis service Anchors for both Mobile Crisis Response and Stabilization Facilities the following budget enhancements have been brought forward:

Mobile Crisis Response

- 4 position to expand mobile crisis evening, weekend, holiday coverage: \$1,115,695.
- 16 Peer Support Specialists (current temporary positions): \$1,646,474.



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Human Service Center Behavioral Health Service: Maintaining Current Service Levels

In order to address the inability to recruit and retain temporary employees in the current competitive job market the following budget enhancements have been brought forward:

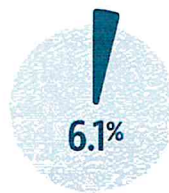
- NC Behavioral Health FTE Temp to FTE: 1.5 - \$118,000.
- NE Behavioral Health FTE Temp to FTE: 4.0 - \$101,270.
- SE Temps converted to FTEs Temp to FTE: 16 - \$393,611.
- SC Behavioral Health FTE Temp to FTE: 2 - \$85,576.
- WC Direct Care Associates (DCA) - Temps to FTE: 5 - \$264,720.

Adult Mental Illness



20.79% had any **mental illness** in the past year.³

Approximately 118,000 ND adults (18+) had any mental illness in the past year.³



6.1% reported a **serious mental illness** in the past year.³

Approximately 34,000 ND adults (18+) have serious mental illness in the past year.³

The need for behavioral healthcare across the state is great

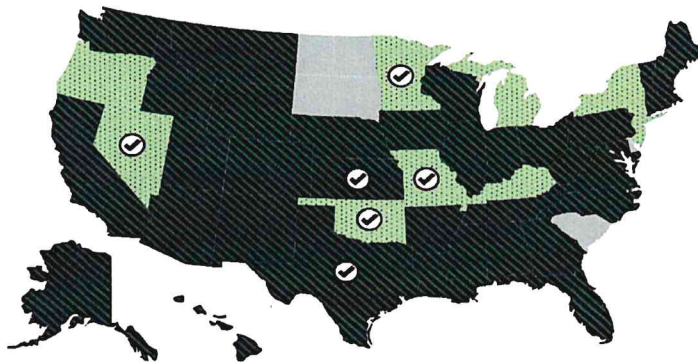
- Communities are not able to keep pace with the number of citizens in need of behavioral health services. Even if all our FTEs were filled, we would still struggle to fill community service gaps.
- Services need to be timely to be effective. To ensure timely services to those accessing higher levels of care and frequent encounters with law enforcement, we have had to refer patients to community partners when their presenting symptoms are less intense/severe.
- Common gap → individuals who need to be served quicker:
 - Individuals who have moderate functional impairment fall into the community waitlists as they aren't severe enough to obtain quick entry to a HSC and then have difficulty finding a community partner able to quickly assume care.
- Common community service gaps
 - Some private organizations are booking out 3-6 months for prescription management and/or therapy services
 - Some private organizations will not schedule psychiatric appointments for those with active substance use.

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Certified Community Behavioral Health Clinics

CCBHCs Across the United States

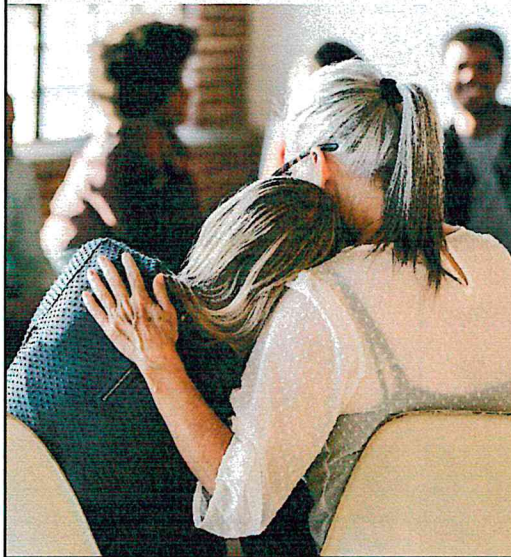
Currently, there are over 450 CCBHCs operating across the country, as either CCBHC-E grantees or clinics participating in their states' Medicaid demonstration.



No CCBHCs
 Federal CCBHC Medicaid Demonstration (and SAMHSA Expansion Grants)
 States with at least one local CCBHC grantee
 CMS approved payment method for CCBHCs via a SPA or 1115 waiver

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Human Service Clinics – Related Policy Bills with Budget Impact



SB 2128 – Requiring each Human Service Center to Become Certified Community Behavioral Health Clinics

Total	General	Federal
\$17,605,298	\$17,605,298	\$0

Request of additional 61 FTE

- 1 Project Director
- 8 Regional Project Coordinators
- 32 Peer Support Specialists
- 8 Case Managers
- 12 Licensed Addiction Counselors



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Certified Community Behavioral Health Clinics - Enhancements

1. Staffing

- Staffing plan driven by local needs assessment.
- Licensing and training to support service delivery.

2. Availability and Accessibility of Services

- Standards for timely and meaningful access to services, outreach and engagement.
- 24/7 access to crisis services, treatment planning and acceptance of all patients regardless of ability to pay.

3. Care Coordination

- Care coordination agreements across services and providers.
- Defining accountable treatment team, health information technology and care transitions.

4. Scope of Services

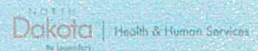
- Nine required services, as well as person-centered, family-centered and recovery-oriented care.

5. Quality and Other Reporting

- 21 quality measures, a plan for quality improvement and tracking of other program requirements.

6. Organizational Authority, Governance and Accreditation

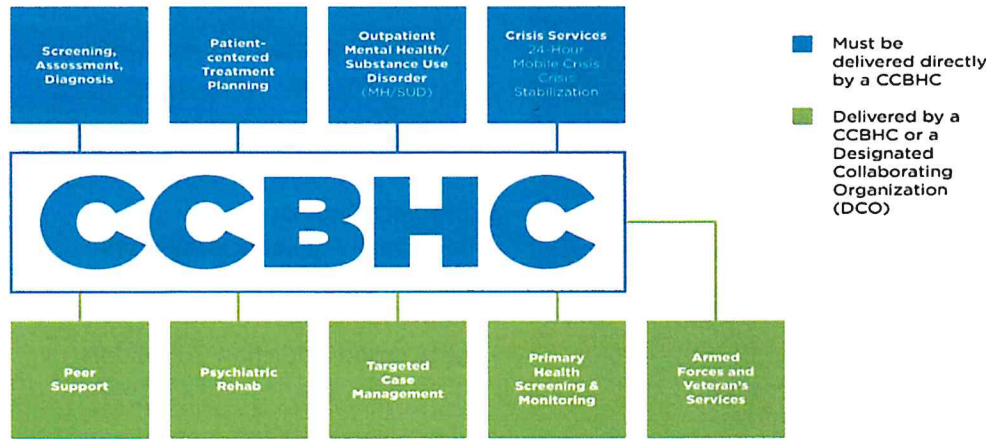
- Consumer representation in governance.
- Appropriate state accreditation.



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Certified Community Behavioral Health Clinics - Enhancements

CCBHC Scope of Services



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Early Impact

Since inception of the model, CCBHCs report:

- **STAFFING:** Increased recruitment and hiring of staff, greater staff satisfaction and retention, redesigning care teams.
- **ACCESS:** Decreased wait times for care and elimination of wait lists, targeted outreach to vulnerable, underserved and complex populations, expanding services offered outside the four walls of the clinic.
- **COMMUNITY IMPACT:** Improved partnerships with schools, primary care, law enforcement, hospitals.
- **HEALTH IMPACT:** Reduced hospitalizations/ED visits, improvements in physical health indicators.

CCBHCs expand service delivery services outside the clinic. The top locations included clients' homes (78%), schools (97%), courts, police offices and other justice-related facilities (86%), and emergency departments (20%).

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Certified Community Behavioral Health Clinics - Enhancements

CCBHC Demonstration/PPS: Driving Value



TheNationalCouncil.org

NATIONAL COUNCIL
for Mental
Wellbeing

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Data needed for CCBHC

CCBHC presents an opportunity to reimagine service delivery

- Collection of new data/quality metrics required, standardized across all states
- Requirements of CCBHCs to engage in care coordination, meaning they need to be able to communicate electronically across partners and understand service utilization across partners
- Opportunity to move beyond care coordination and promote population health management, which relies on
- Payment model that allows clinics to build in costs of improved technology platforms that make these activities possible

Data challenges for states

- Reviewing data to be collected from all states
- Combining data from multiple sources for appropriate analysis
- Using data to target high-risk areas before they escalate
- Taking timely data back around to support activities like COI or DWI interventions
- Making sure case for cost is not improved in a form that misuses all success data linked to better clinical outcomes

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Workforce Handout

Behavioral Health Division
 Human Service Centers (Community Behavioral Health Clinics)
Workforce

Reasons for Critical Staffing Shortages:



The North Dakota Human Service Centers (HSC) are experiencing a major staffing shortage. The need for mental health care is outpacing the additions to the workforce. Nationally, the mental health workforce shortage affects more people than primary care & dental workforce shortages combined.² North Dakota ranks 38 for mental health workforce availability.

20.79% of ND adults have any mental illness and 16.36% have a substance use disorder.¹

Behavioral health workforce shortages result in unmet need for services. Workforce shortages creates disincentives for people to seek care; if a provider is not readily accessible, people may forego care until a crisis results in an emergency response.

48.4% of ND adults with any mental illness and 44.9% of ND youth with major depression did not receive treatment.¹

Currently there are more than 90 vacant positions among the eight HSCs. These vacancies include nearly 43 vacant independent licensed individuals (LCSW, LMSW, LPCC, LPC, LAPC, Licensed Psychologist, Psychiatrists, APRN). These licensed professionals are required to provide therapy, rehabilitative, and psychiatric services in addition to court ordered psychological evaluations. These vacancies, along with high turnover rates and inability to recruit qualified applicants, have led to client waitlists and a higher rate of referral of treatment to community providers.



Vacancies impacting revenue

Licensed Addiction Counselor

- 15 vacancies
- Vacant for 175 days on average
- 9 positions vacant greater than 3 months
- Average revenue for position is \$40,687 a month
- Estimated loss due to vacancies: \$610,305 a month

Advanced Clinical Specialists

- 15 vacancies
- Vacant for 214 days on average
- 14 positions vacant greater than 3 months
- Average revenue for position is \$39,153 a month
- Estimated loss due to vacancies: \$587,295 a month

Human Relation Counselors

- 15 vacancies
- Vacant for 242 days on average
- 10 positions vacant greater than 3 months
- Average revenue for position is \$30,523 a month
- Estimated loss due to vacancies: \$457,845 a month



Factors Significantly Impacting Revenue Targets

- **Workforce Challenges:** Shortage of trained/licensed workforce

<p>Higher vacancy rates <i>Even higher vacancy rates for temporary positions and in current job market not getting applicants.</i></p>	<p>Length of vacancy for critical positions continues to increase (6 months to 1 year+) <i>Key positions impacted: Licensed Addiction Counselor, Master level Counselors and Social Workers, Licensed Psychologist, and Psychiatrist</i></p>	<p>Hiring at a training level or entry level (lower billable rate or at times not billable) <i>Supervision of these staff also takes away from licensed practitioner client facing time</i></p>
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- **Reduced staffing** at both state run and contracted residential facilities due to workforce shortage and COVID outbreaks
- **Increased Services to Jails** (*unable to bill for those services*)
- **Lingering COVID related impacts** (*extended staff vacancy following CDC healthcare guidelines*)
- Internal **operational barriers** related to improving practice around coding, credentialing, and other billing practices
- **Increased Crisis Service** (*free service to citizens*)
- Challenges related to those with the **most extreme/severe conditions**
 - High No Show Rate (even with assertive outreach)
 - At times needing to have two staff attend a community-based appointment due to identified risk factors/Safety concerns



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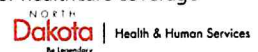
Strategies Employed to Mitigate the Workforce Shortage and Resulting Revenue Impacts

Strategies Employed to Overcome Workforce Challenges:

- Partnership with various clinical training programs for hosting internships
- Increased participation in local, virtual, and national career fairs
- Increased usage of retention bonus program for hard to recruit positions
- Collaborating with HHS Talent Acquisition team and receiving focused recruiting support from them
- Increased usage of tuition assistance and loan repayment programs.
- Engaging in employee wellness, staff wellbeing efforts or other strategies to improve staff satisfaction and retention while using Gallup survey to guide strategic initiatives

Working on refinement of practices related to coding, credentialing, and other clinical practice

- Increased risk management enhancements for safety
- Currently participating in a Rev Cycle review with a contracted Vendor
- Utilizing local/state partnership to have on-site benefits navigators assist individuals with applying for healthcare coverage



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SB 2012 Section 2. One-Time Funding

SECTION 2. ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SIXTY-NINETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items approved by the sixty-seventh legislative assembly for the 2021-23 biennium and the one-time funding items included in the appropriation in section 1 of this Act:

<u>One-Time Funding Description</u>	<u>2021-23</u>	<u>2023-25</u>
Deferred Maintenance	0	735,154

The 2023-25 biennium one-time funding amounts are not a part of the entity's base budget for the 2025-27 biennium. The department of health and human services shall report to the appropriations committees of the sixty-ninth legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2023, and ending June 30, 2025.



SB 2012 Section 6. Contingent Appropriation and Authorization

SECTION 6. CONTINGENT APPROPRIATION AND AUTHORIZATION. Subject to the availability of generated income, the department of health and human services may adjust or increase full-time equivalent positions of the department of health and human services approved by the sixty-eighth legislative assembly up to fifty full-time equivalent positions for field services to provide direct services. The generated income by the department of health and human services must cover the costs of any additional full-time equivalent positions. The department of health and human services shall notify the office of management and budget and shall report to legislative council each time one or more full-time equivalent positions are authorized under this section.



SB 2012 Section 17. Building Project-Lease

SECTION 17. BUILDING PROJECT - LEASE. The department of health and human services is authorized to enter into agreements with vendors for vendors to build to suit two buildings for the department to lease for the lake region human service center and northwest human service center.

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SB 2012 New Section

- **New Section** The requirements of chapter 54-44.4 do not apply to the purchase of consumables at the department of health and human services twenty-four hour staffed residential units during low census time periods.

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One Time Funding Items for Current Biennium



SEHSC Capital Projects

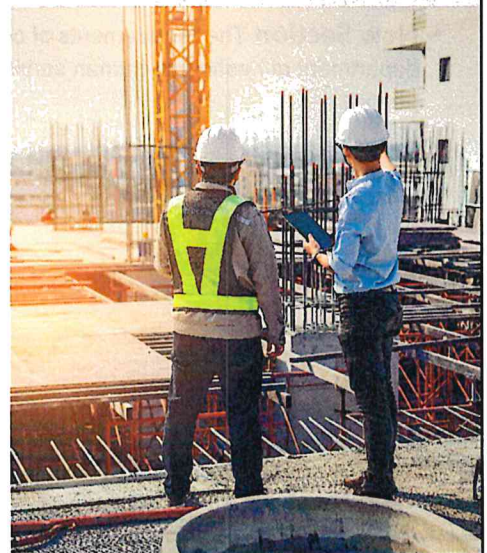
- Carpet Replacement (\$269,000)
- Heat Pump Replacement (\$455,000)

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One Time Funding Items Requested

Southeast Human Service Center

- Resurface Parking Lot (estimated at \$462,500)
 - Last time resurfaced was 2005
- Fire Alarm Panel Replacement (estimated at \$272,654)



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Contracts Handout

Dakota

Behavioral Health Division
Human Service Centers (Community Behavioral Health Clinics)

Contracts

Human Service Center Clinic Contracts

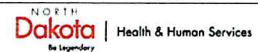
- Crisis Stabilization Facilities
 - 6 contracts. 1 pending RFP in Northwest Region.
 - Progress Centre, Dacotah Foundation
 - Northwest crisis stabilization facility RFP is currently in process. If we are not able to identify a contracted provider, we have the dollars in our budget for operations; however if the facility becomes state owned versus contract will require additional FTEs.
- Adult Transitional Living
 - 5 contracts
 - Progress, Dacotah Foundation
- Adult Addiction Residential
 - 2 contracts
 - Dacotah Foundation
- Adult Drug Court
 - 1 contract
 - Sharehouse
- Medication Delivery Service
 - 2 contracts
 - Dacotah Foundation
- Adult Recovery Centers
 - 7 contracts
 - Trinity Health, Progress, Mental Health of America, Dacotah Foundation, Community Action
- Adult Transitional Employment Service
 - 1 contract
 - Progress



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Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	\$ 121,419,280	\$ 10,699,136	\$ 132,118,416
Operating	14,784,067	5,930,069	20,714,136
IT Services	857,167	386,893	1,244,060
Capital Asset Expense	80,000	735,154	815,154
Capital Assets	-	-	-
Grants	26,073,310	723,129	26,796,439
Total	\$ 163,213,824	\$ 18,474,381	\$ 181,688,205
General Fund	\$ 91,958,854	\$ 49,134,985	\$ 141,093,839
Federal Funds	44,666,940	(18,896,503)	25,770,437
Other Funds	26,588,030	(11,764,101)	14,823,929
Total Funds	\$ 163,213,824	\$ 18,474,381	\$ 181,688,205
Full Time Equivalent (FTE)	630.25	49.50	679.75



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Human Service Centers Detail Budget

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
511x Salaries - Regular	\$ 77,535,373	\$ 9,142,990	\$ 86,678,364
512x Salaries - Other	96,768	19,394	116,162
513x Salaries Temp	4,448,559	0	4,448,559
514x Salaries Overtime	723,604	281,934	1,005,538
516x Salaries Benefits	38,614,975	1,254,818	39,869,793
Total Salaries & Benefits	\$ 121,419,280	\$ 10,699,136	\$ 132,118,416
52x Travel	1,597,443	190,806	1,788,249
53x Supply	901,176	(4,895)	896,281
54x Postage & Printing	219,547	(41,410)	178,137
55x Equipment under \$5,000	82,580	27,000	109,580
56x Utilities	216,008	514	216,522
57x Insurance	8,057	(411)	7,646
58x Rent/Leases - Bldg/Equip	7,255,661	151,462	7,407,123
59x Repairs	466,182	215,900	682,082
61x Professional Development	222,411	80,401	302,812
62x Fees - Operating & Professional	3,726,620	5,308,001	9,034,621
53x Supplies	88,381	2,702	91,083
60x IT Expenses	857,167	386,893	1,244,060
68x Land, Building, Other Capital	80,000	735,154	815,154
71x Grants, Benefits, & Claims	26,073,310	723,129	26,796,439
Total Operating	\$ 41,794,544	\$ 7,775,245	\$ 49,569,789
Total	\$ 163,213,824	\$ 18,474,381	\$ 181,688,205



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Human Service Centers Detail Budget

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58x Rent/Leases - Bldg/Equip	7,255,661	151,462	7,407,123
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62x Fees - Operating & Professional	3,726,620	5,308,001	9,034,621
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68x Land, Building, Other Capital	80,000	735,154	815,154
71x Grants, Benefits, & Claims	26,073,310	723,129	26,796,439
Total Operating	\$ 41,794,544	\$ 7,775,245	\$ 49,569,789
Total	\$ 163,213,824	\$ 18,474,381	\$ 181,688,205

- 6%/4% Increases
- Crisis Service Enhancement
- 28.5 Temp to FTE Conversion

- Southeast HSC parking lot resurface
- Southeast HSC Mechanical/Safety System Upgrade (fire panel)

- Crisis Services Enhancement (contracts)
- Contracted Provider Inflation 4%/3%
- Travel due to community-based work
- IT Services- Cell Phone Expansion
- Rent increase due to renegotiated leases

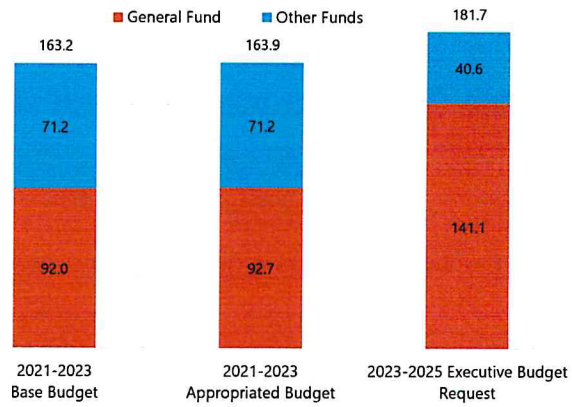


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Overview of budget changes (IN MILLIONS)

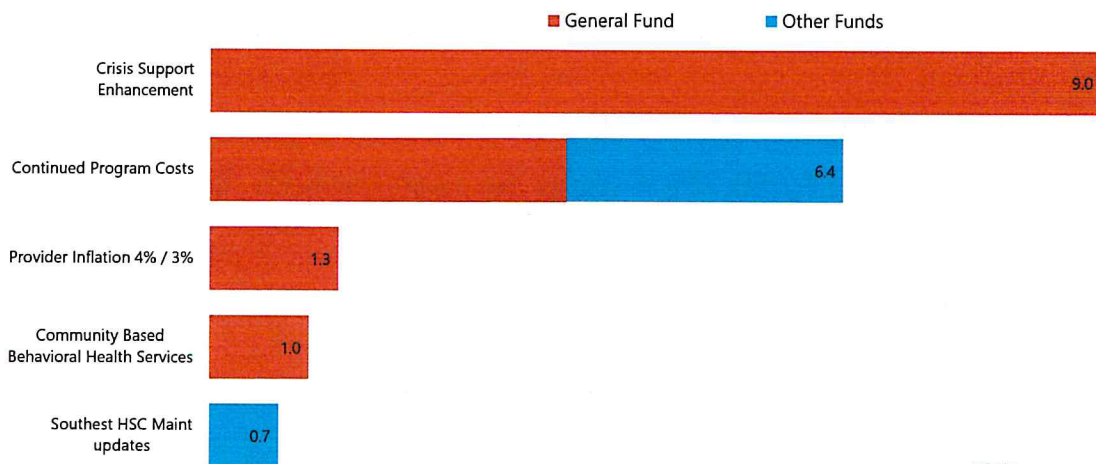
INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION \$ 18.5MILLION

- Crisis Support Enhancement
- Community-Based Behavioral Health Services
- Revenue Shortfall



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Overview of budget changes (IN MILLIONS)



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Maintain Current Service Delivery Level (Cost to Continue)

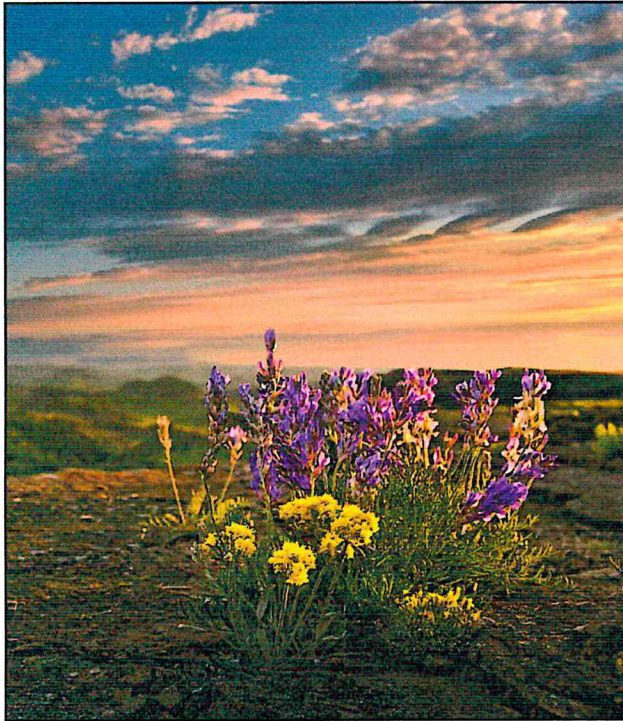
- \$34,200,815- Revenue Shortfall
- \$976,496- Operating increase for 8 clinics
- \$3,985,391-Salary Increase for 8 clinics
- \$2,891,071-Salary Underfunding
- \$5,265,517 Continuing Temporary staff services
- \$963,377- Conversion of 28.5 long term temporary staff to FTE

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Enhance Current Service Delivery Level

- 2.8M- Staffing for mobile crisis teams and crisis stabilization supports
- 6.1M- Crisis stabilization facility clinical enhancements
- Authority to add up to 50 FTE if client demand exceeds resources

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Contact Information

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Medical Director, Human Service Centers

- Dr. Laura Kroetsch
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Operations Director, Human Service Centers

- Jeff Stenseth
- jstenseth@nd.gov

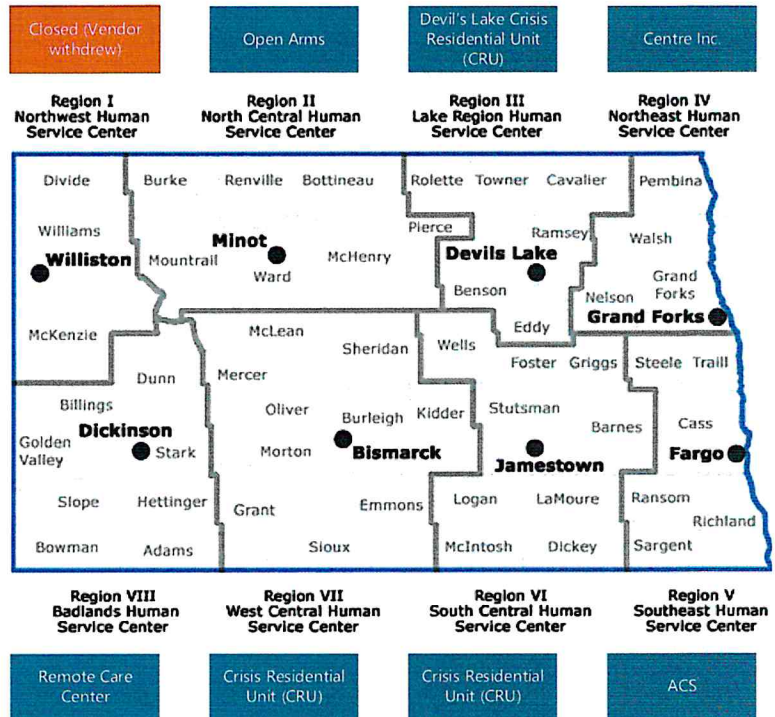


Behavioral Health Division Human Service Centers (Community Behavioral Health Clinics)

Crisis Services

Crisis stabilization units:

- provide “someplace to go” for individuals in crisis
- currently operating 24/7/365 in 7 of the 8 regions
- approximately 95 beds total
- staffed with direct care associates who help monitor and connect with licensed clinicians to assess and match individuals to behavioral health services.



Challenges

- Different regions are at different stages of adoption of first responder drop off availability
- While these facilities are currently clinically managed there are no after hours, holidays or weekends on call nursing*, peer supports, primary care or psychiatric physicians to meet best practice guidelines (*RN telehealth available for 2 state owned facilities).
- The work environment at the crisis stabilization units is challenging as team members work to engage individuals into treatment services when they are intoxicated, withdrawing from substances, or experiencing a mental health crisis.
 - Individuals who present for crisis stabilization services are more likely to carry their belongings on their person including knives and firearms.
 - Team members universally experience verbal assaults and threatened physical aggression.
 - Training on how to de-escalate conflict and violent situations is ongoing, but with turnover at an all-time high there is constant concern for the safety of individuals served and team members.

Executive Budget Request*

As per the National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit, “Adequate staffing for the number and clinical needs of individuals under care is foundational to safety. Access to a sufficient number of qualified staff (clinicians, nurses, providers and peer support professionals) promotes timely crisis intervention and risk management for persons in crisis who are potentially dangerous to themselves or others”.

Mobile Crisis Response	Peer Support	Stabilization Facility Staffing
<ul style="list-style-type: none"> • 4 position to expand mobile crisis evening, weekend, holiday coverage: \$1,115,695. <p><i>Decision package objective: Ensure adequate mobile crisis response in all regions to meet individuals where they are (e.g., home, ED, street) with the goal of stabilizing and maintaining them (when safely able to do so) in their preferred home/community environment.</i></p>	<ul style="list-style-type: none"> • 16 Peer Support Specialists (current temporary positions): \$1,646,474. <p><i>Decision package objective: Increase access to peer support specialists employed with the state. Peer supports have a unique ability to engage with citizens and help those served build connections to community resources and offer hope along the way.</i></p>	<ul style="list-style-type: none"> • Contract for on-call psychiatry – 24/7 to stabilization units statewide: \$3,874,500. • Contract for nursing telehealth service to stabilization units statewide: \$2,080,000. • Contract for general physician support to stabilization units statewide: \$132,000. • Registered Nurse for NWHSC: \$194,000.

As substance use and mental health rates rise across the nation, the ability to operate safely with primarily clinical (non-medical staff) isn’t meeting the community needs. By enhancing staffing patterns to meet these minimum expectations, crisis stabilization units will be able to safely expand services, add to community resources, and reduce the burden on urgent care and emergency rooms currently being used to medically screen for crisis stabilization placement.

**This level of staffing is supported by National Guidelines for minimum expectations to operate crisis and stabilization services.*

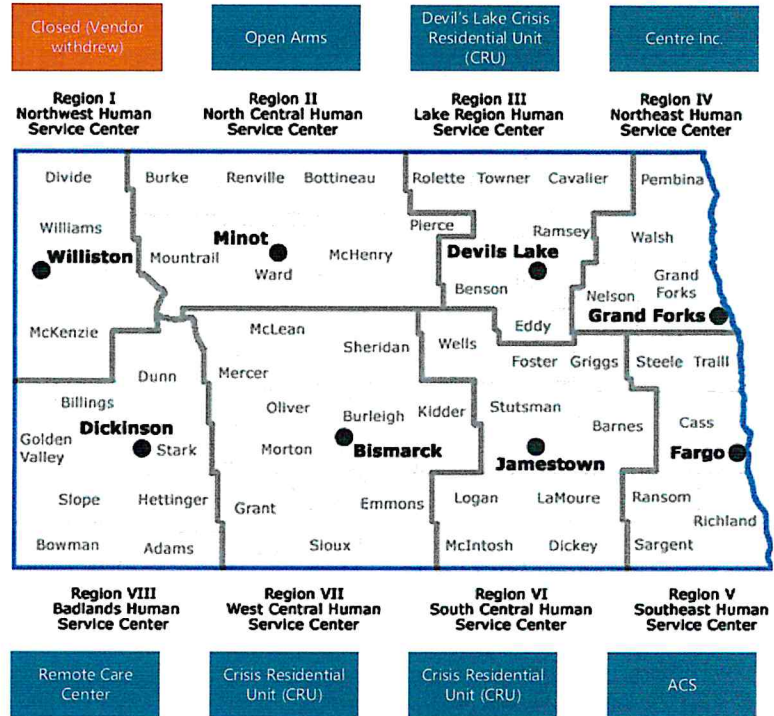
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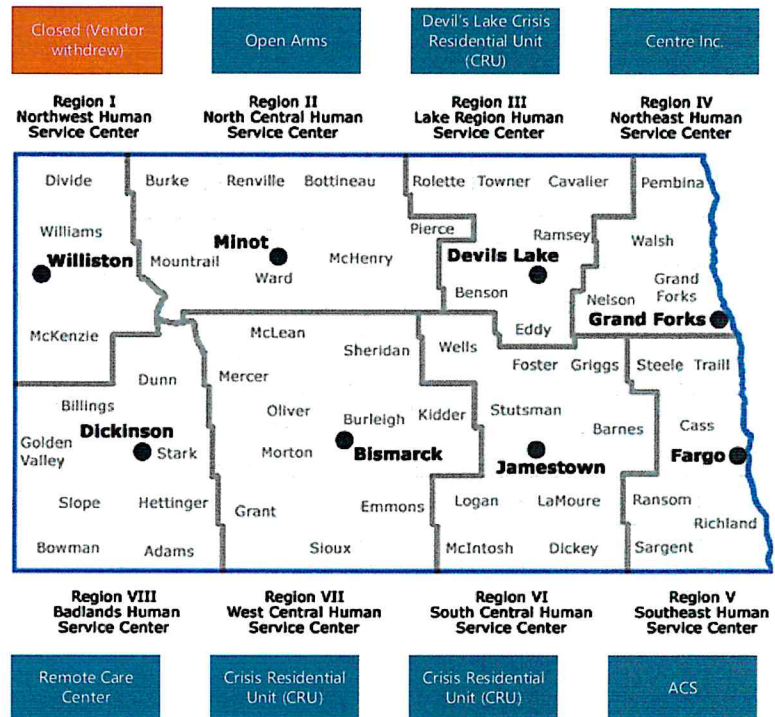
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