



**mhca's e-Newsletter**

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## **CRS: Serving People Humanely, Effectively & Efficiently**

*A guest article from Travis Atkinson*

Imagine it's 4 a.m. You haven't slept in two days. Being out sick from work last week created a domino effect of despair: you couldn't pick up your paycheck, so you couldn't buy groceries or refill your medications. Your manic and psychotic symptoms, previously well-managed, have returned to the surface in full force. Your mind is racing, forehead sweating, and you can feel your hyperactive heartbeat in your throat. Fraught with paranoia, you ignore the pleas of your family members via text, call, and visit, barricading yourself in your room. It's hard for you to imagine them being helpful when they've probably been conspiring against you this whole time. Finally, after standing outside your bedroom for an hour, your best friend makes a convincing argument that they truly want to help you, and for some reason you believe them. You open the door, and your friend persuades you to ride with them to the Emergency Department so you can get some help.

Where would you go next? How would you want to be treated? Until about 30 years ago, if you came to the Emergency Department with symptoms like paranoia, psychosis, mania, and racing thoughts, you would almost certainly be admitted to a psychiatric hospital, where you would spend a few weeks as you restarted your medications. You may not have wanted to go, but there weren't any other options to safely treat your symptoms.

Advancements in behavioral health crisis treatment have expanded treatment options for people in a psychiatric emergency, and Crisis Residential services are one of the most promising and researched treatment options around. Since 1973, over 700 Crisis Residential Programs (CRPs) have opened in 46 states, providing a less restrictive, cost-effective, and outcomes-driven solution to psychiatric hospitalization.

Most CRPs range in size from 6 to 16 beds, and the service is designed to serve adults and youth. CRPs maintain a low profile and residential atmosphere to make it homelike—some CRPs are even located inside of a ranch, Victorian, or Cape Cod, nestled inconspicuously in a residential neighborhood. Individuals stay for 3-14 days and

have periodic access to prescriber, clinicians, and nurses throughout their stay. Participation is largely voluntary, and peer support specialists compliment the treatment milieu via support groups and follow-up support after discharge. While these services are vast, their alignment and advocacy has been limited. Most states include this service as part of their Medicaid benefit, yet few states take an active role in treatment efficacy and practice alignment, leaving many CRPs to fend for themselves and use trial-and-error methods to improve services.

Rumblings of formalized collaboration and connection opportunities between programs began in the early 2010's, and a best practice workgroup was formed in 2016. Their work culminated in the writing of the [Crisis Residential Best Practices Handbook](#) in 2018, and shortly after that, the creation of the Crisis Residential Association (CRA). CRA is a nonprofit membership organization formed in 2018 to support the operational and clinical functions of Crisis Residential programs around the world. Rooted in the values of empathy, recovery, and continuous improvement, CRA seeks to connect providers with the best ideas in behavioral health treatment to transform the way people receive mental health care. The truth is, direct care staff, clinicians, supervisors, and directors of these crisis programs need support, empathy, and connection, in the same way that executives seek these values through their affiliation with **mhca**. Awareness of legislative advocacy efforts, benchmarking of crisis performance measures, and publishing of outcomes-driven crisis interventions all benefit executive leadership teams as well.

This fall, the 2<sup>nd</sup> annual [Crisis Residential Conference](#) takes place in Grand Rapids, MI. During this two-day conference, Crisis Residential providers, payers, advocates, and persons with lived experience will gather to discuss ideas, innovations, and best practices in Crisis Residential services.

CRA believes that Crisis Residential Programs have a bright future in every community's behavioral health crisis continuum. Through continued advocacy, support and education, we seek to transform this belief into reality.

*Travis Atkinson, MS, LPC, is the president of the Crisis Residential Association. To learn more about CRA, including membership, visit <https://www.crisisresidentialnetwork.com/>. More information about the 2019 Crisis Residential Conference can be found at: <https://www.crisisresidentialnetwork.com/2019-cra-conference.html>.*



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