Oklahoma Crisis Continuum

Is going to the emergency room (ER) the only option for a mental health emergency?

In the past, going to the ER was the only option, but that is no longer the case. Oklahoma is building a comprehensive crisis response system to help individuals experiencing a mental health crisis. By addressing mental health crisis at all levels of severity and providing immediate services to anyone who needs them, Oklahomans can receive the help they need before they need higher level services, such as the ER and in-patient hospitalization.

988 vs 911

988 is the national Suicide & Crisis Lifeline, providing 24/7 support from mental health professionals for anyone experiencing a mental health or substance use crisis.

Call or text 988 when:	**Use 911 for:**
Behavioral health crisis is not imminently life threatening.	Medical emergencies.
Individual is having thoughts of harming self or others, but does not have a plan or intention to act on the thoughts currently.	Violent or aggressive behavior or threats.
Individual is exhibiting or reporting psychotic symptoms (hallucinations or delusional thoughts) but has organized thought processes and is not a risk to self or others.	Behavioral health crisis that is life threatening, such as harming self or others or imminently planning to do so and/or psychotic symptoms that are posing a potential danger to themselves or others.

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Mobile Crisis Teams

When needed, the 988 call center will dispatch Mobile Crisis Teams to the situation for further assessment and intervention. The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) has partnered with several organizations statewide for Mobile Crisis Team support. The teams generally consist of a licensed clinician, certified peer recovery support specialist and a case manager.

Certified Community Behavioral Health Clinics (CCBHC)

988 also partners with CCBHCs across the state, allowing them to transfer individuals to a mental health provider in order to schedule a same-day or next-day appointment. Additionally, 988 crisis specialists offer follow-up services to individuals who agree to a follow-up call 24-48 hours after the initial call.

Urgent Recovery Clinics (URC)

URCs operate similarly to hospital emergency departments in that they accept walk-ins, ambulance, fire, and law enforcement drop-offs. However, they are a voluntary program of non-hospital emergency services, provided in a clinic setting for mental health and substance use crisis. These facilities are staffed by nurses, licensed clinicians, and case managers who provide observation, evaluation, emergency treatment, and referral when necessary to a higher level of care. Individuals can stay up to 23 hours and 59 minutes. When receiving appropriate treatment, individuals experiencing a mental health crisis can often be stabilized in just a few hours, which means that the most appropriate level of care may be a URC, rather than an emergency department.

Crisis Stabilization Units (CSU)

CSUs also accept walk-ins, ambulance, fire, and law enforcement drop-offs. Like URCs, they are not hospitals, but rather an in-between intervention to keep individuals in the least restrictive environment possible. Some facilities (known as Community-Based Structured Crisis Centers), include both a URC and CSU. CSUs provide assessment and support and are staffed 24/7/365 with a multidisciplinary team including psychiatrists, nurses, licensed behavioral health practitioners, and peers with lived experience. Admissions to CSUs can take place on a voluntary or involuntary basis for crisis stabilization when an individual is deemed to be in danger of harming themselves or others. Individuals typically stay 3 to 5 days, but that number can vary depending on the circumstances. When additional treatment is needed, individuals may be transferred to an inpatient facility for further care.

For a list of CCBHCs and URCs in your area, contact our Crisis System of Care Administrator, **Shae Keen, LPC-S,** at **KeenK@Aetna.com**.

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