



Behavioral Health in the Emergency Department: Managing Risk, Complexity, and Moral Distress at the Bedside

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Objectives

At the end of the webinar, the participant should be able to:

- 1. Recognize the clinical, operational, and ethical complexities of managing behavioral health patients in the emergency department, including prolonged boarding, limited resources, and competing priorities.**
- 2. Analyze real-world patient scenarios to identify key safety risks, including suicide, self-harm, elopement, violence, and deterioration while awaiting placement.**
- 3. Evaluate areas where implicit bias can influence emergency department care behavioral health care.**

The Landscape aka The Pitt



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WHEN IT COMES TO STROKE, BE FAST CALL 911
 Any one of these sudden **SIGNS** could mean a **STROKE**

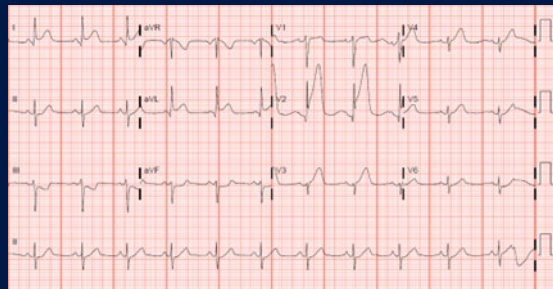
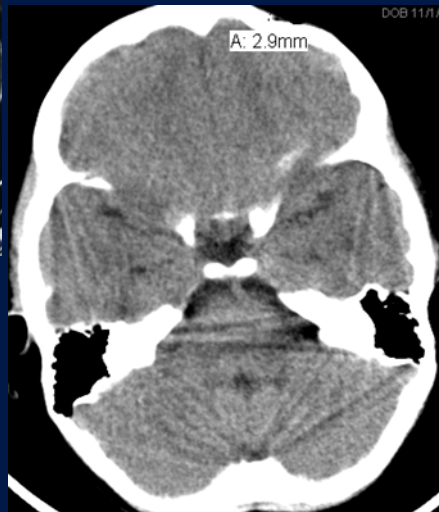
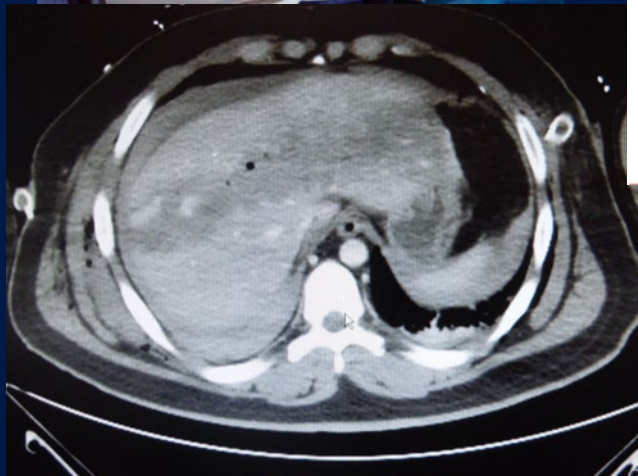
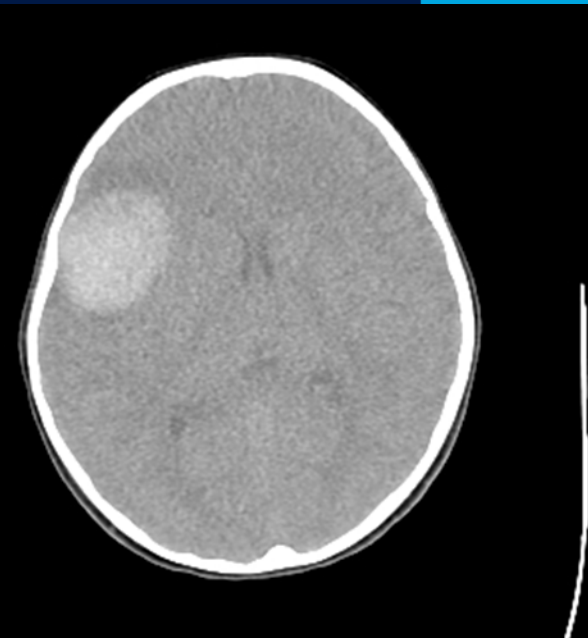
- B**alance: Watch for sudden loss of balance
- E**yes: Check for vision loss
- F**ace: Look for an uneven smile
- A**rm: Check if one arm is weak
- S**peech: Listen for slurred speech
- T**ime: Call **911** right away

Original Prescription Strength
 Easy to Use
 Can Save a Life

NARCAN
 Naloxone HCl Nasal Spray 4mg
 Emergency Treatment of Opioid Overdose

Designed to Rapidly Reverse the Effects of a Life-Threatening Opioid Emergency

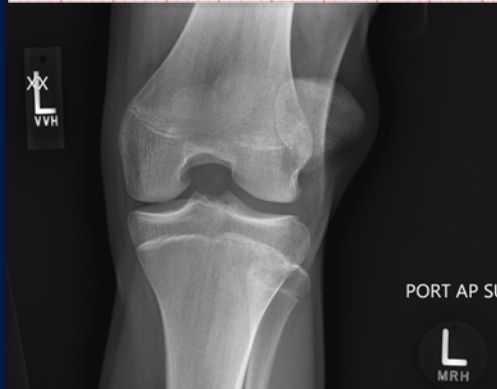
2 Single Dose Nasal Spray Devices (0.003 fl oz (0.1 mL) each) For use in nose only



Syncope
 Most Common Symptoms

Blacking out.	Feeling lightheaded.
Falling for no reason.	Feeling dizzy.
Feeling drowsy or groggy.	Fainting, especially after eating or exercising.
Feeling unsteady or weak when standing.	Changes in vision, such as seeing spots.
Tunnel Vision.	Headaches.

Cleveland Clinic



Emergency Care

Immediate

Stabilization

Urgent or life-threatening illnesses or injuries

Multidisciplinary team: Physician, nurse, technician, consultant

24/7

Rapid assessment, diagnosis, intervention

Goal: Preserve life

Goal: Prevent complication

Goal: Relieve Suffering

Goal: Appropriate disposition: DC, Admit, Surgery, or Transfer to higher level of care

Emergency Psychiatric Care ??

Immediate

Stabilization

Urgent or life-threatening illnesses or injuries

Multidisciplinary team: Physician, nurse, technician

24/7

Rapid assessment, diagnosis, intervention

Goal: Preserve life

Goal: Prevent complication

Goal: Relieve Suffering

Goal: Appropriate disposition: DC, Admit, Surgery, or Transfer to higher level of care

Why?

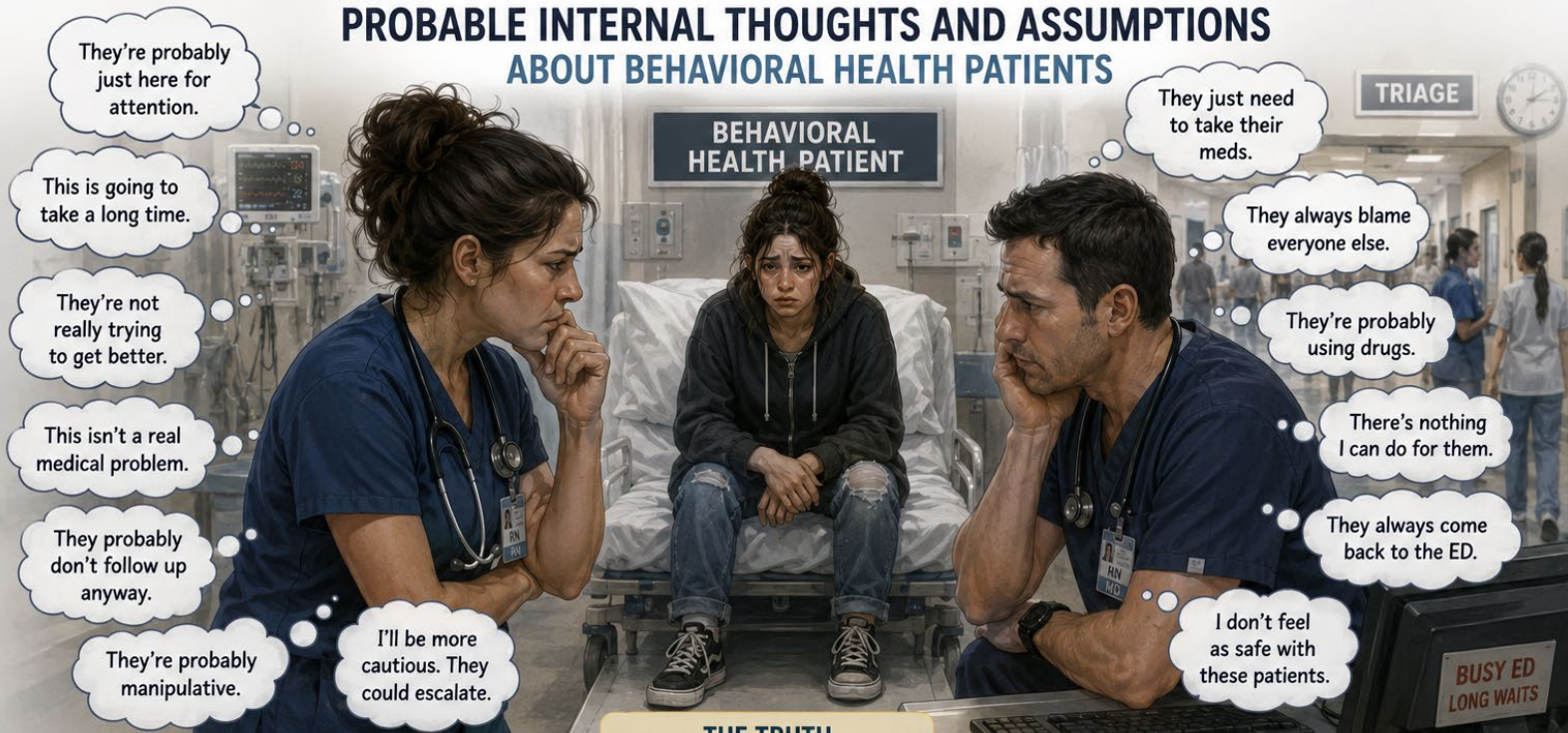


What it feels like



Stigma

PROBABLE INTERNAL THOUGHTS AND ASSUMPTIONS ABOUT BEHAVIORAL HEALTH PATIENTS



They're probably just here for attention.

This is going to take a long time.

They're not really trying to get better.

This isn't a real medical problem.

They probably don't follow up anyway.

They're probably manipulative.

I'll be more cautious. They could escalate.

They just need to take their meds.

They always blame everyone else.







They're probably using drugs.

There's nothing I can do for them.

They always come back to the ED.

I don't feel as safe with these patients.

COMMON ASSUMPTIONS (Often Unconscious)

 Less deserving of care and empathy	 Higher risk of aggression
 Responsible for their situation	 Nonadherent or unreliable
 Exaggerating or faking symptoms	 Wasting staff time and resources

THE TRUTH

- Behavioral health conditions are real medical conditions.
- Most patients are distressed, not dangerous.
- Compassion and respect improve outcomes.
- Everyone deserves safe, high-quality care.

REPLACE ASSUMPTIONS WITH COMPASSIONATE CURIOSITY

 What is this person experiencing?	 What strengths do they have?
 What do they need right now?	 How can I support their recovery?
 How can I build trust and safety?	 What would I want if this were me or my loved one?

AWARENESS IS THE FIRST STEP. COMPASSION IS THE NEXT. 

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Pitfalls

Care beyond 4 hours is difficult for all ED patients

Changing ED Physicians

Changing ED Nurses

Different medication comfort by physicians – standard guideline like trauma, stroke, etc..

1:1 Observation is difficult at best

Environment traumatizing (physically and mentally)

Coordination of care when in the hospital

Insurance (commercial, partnership, medi-cal, medicare)

Definitive Care ?? Trauma/Heart attack

Least restrictive – voluntary??

Moral Distress

MORALE DISTRESS

The anguish of knowing the right thing to do, but feeling powerless to do it.

NOT ENOUGH TIME
Too many patients.
Not enough staff.

I know what this patient needs...

...but I can't give it to them.

SYSTEM BARRIERS
Policies, procedures, and limitations make it difficult to provide appropriate care.

CONFLICTING VALUES
Institutional decisions conflict with patient best interests.

SPEAKING UP
Voice is heard, but change doesn't happen.

I want to...
✓ Provide compassionate care
✓ Spend time with my patients
✓ Advocate for what is right
✓ Alleviate suffering
BUT I CAN'T...
✗ Short staffing
✗ Limited resources
✗ Policies and restrictions
✗ System pressures

EMOTIONAL IMPACT
Guilt
Helplessness
Frustration
Introspection
Burnout

I became a nurse to make a difference. This is tearing me apart.

Doing my best, but it's not enough.

MORALE DISTRESS CAN LEAD TO:

- Burnout
- Compassion Fatigue
- Job Dissatisfaction
- Turnover
- Impact on Patient Care

WHAT HELPS

- Supportive leadership
- Ethical practice environment
- Adequate resources and staffing
- Opportunity to speak up and be heard
- Remembering the purpose

I still care. I still try. I'm not alone.

ADMISSIONS
DISCHARGES
TASKS
DOCUMENTATION

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Medical Behavioral Health

KEY CHALLENGES

- High Prevalence**
People with medical conditions are at higher risk for anxiety, depression, and other behavioral health conditions.
- Complex Care Needs**
Co-occurring conditions require integrated, coordinated care across specialties and settings.
- Stigma and Misunderstanding**
Behavioral health symptoms are often minimized, mislabeled, or attributed to the medical illness.
- Communication Barriers**
Patients may not feel comfortable discussing emotional or mental health concerns.
- Treatment Burden**
Multiple medications, side effects, and care plans can lead to overwhelm and poor adherence.
- Workforce Limitations**
Shortage of integrated care providers and limited training in behavioral health for medical teams.

MEDICAL BEHAVIORAL HEALTH CHALLENGES

The Mind and Body Are Deeply Connected—Caring for Both Is Complex

Patients with medical conditions often experience behavioral health challenges that impact outcomes, quality of life, and healthcare utilization.



COMMON EXAMPLES

- Cardiovascular Disease**
Stress, depression, and anxiety can affect recovery and adherence.
- Diabetes**
Emotional distress can make self-management difficult.
- Cancer**
Fear, uncertainty, and depression impact quality of life and outcomes.
- Chronic Pain**
Depression and catastrophizing can increase pain and disability.
- GI Disorders**
Anxiety and stress can worsen symptoms and flare-ups.

IMPACT ON PATIENTS AND HEALTHCARE

Worse health outcomes	Increased hospitalizations	More ER visits and readmissions	Lower quality of life	Higher healthcare costs	Decreased treatment adherence
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SOLUTIONS AND BEST PRACTICES

INTEGRATED CARE Embed behavioral health into medical care settings.	COLLABORATIVE TEAMS Foster partnerships among medical providers, behavioral health professionals, and social services.	SCREEN AND IDENTIFY Routine screening for behavioral health concerns in medical populations.	EVIDENCE-BASED TREATMENTS Use proven therapies and medications tailored to medical and behavioral health needs.	PATIENT EMPOWERMENT Support self-management, resilience, and shared decision-making.	ADDRESS SOCIAL DRIVERS Connect patients to resources for housing, food, transportation, and more.
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A TEAM APPROACH. BETTER TOGETHER.

Primary Care Providers	Behavioral Health Specialists	Nurses & Care Managers	Pharmacists	Social Workers	Patients & Families
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When we treat both body and mind, we help patients heal, thrive, and live better.

INTEGRATED CARE. COMPASSIONATE SUPPORT. BETTER OUTCOMES.

Addressing medical and behavioral health together—because patients deserve whole-person care.

SUD Behavioral Health

SUD BEHAVIORAL HEALTH CHALLENGES

Complex. Stigmatized. Treatable.

People with substance use disorders face unique barriers at every step— from recognition to recovery.

STIGMA & DISCRIMINATION



- Judged as "choices," not illness
- Stigma from providers, staff, and society
- Fear of being labeled or mistreated

Result: Delay or avoidance of care

COMPLEX CLINICAL NEEDS



- Co-occurring mental health disorders
- Chronic relapsing condition
- Withdrawal management and medical risks

Result: Requires integrated, ongoing care

SYSTEM & ACCESS BARRIERS



- Limited treatment availability
- Insurance limitations and prior authorizations
- Long wait times

Result: Gaps in care and lost opportunities

SOCIAL DETERMINANTS



- Unstable housing
- Unemployment or underemployment
- Poverty and food insecurity
- Legal issues

Result: Ongoing stress and barriers to recovery

FRAGMENTED CARE



- Poor communication between ED, BH, primary care, and community providers
- Disconnected follow-up
- No warm handoffs

Result: Patients fall through the cracks

RECOVERY IS A JOURNEY



- Triggers and stressors are everywhere
- Recovery is not linear
- Risk of overdose, relapse, and suicide

Result: Ongoing support is essential



IT'S NOT A LACK OF WILLPOWER.
IT'S A LACK OF ACCESS, UNDERSTANDING, AND SUPPORT.

THE IMPACT



Higher risk of overdose and death



Frequent ED visits and hospitalizations



High healthcare costs



Strain on families and communities



Lost potential. Lost lives.

WHAT HELPS



COMPASSION
Not judgment.



INTEGRATED CARE
Treat the whole person.



EVIDENCE-BASED TREATMENT
Medications, therapy, harm reduction, and support.



CONTINUITY & CONNECTION
Warm handoffs and follow-up save lives.



HOPE & EMPOWERMENT
Recovery is possible. People do get better.



SUD IS A HEALTH CONDITION, NOT A MORAL FAILURE. WITH THE RIGHT SUPPORT, RECOVERY IS POSSIBLE.



Geriatric Behavioral Health

THE CHALLENGES OF GERIATRIC BEHAVIORAL HEALTH

DIAGNOSTIC CHALLENGES

- Symptoms of mental illness can overlap with dementia, delirium, or medical conditions
- Atypical presentation in older adults
- Communication difficulties (hearing loss, aphasia)
- Limited mental health history or collateral information



Where am I?

I just want to go home.

I don't want to be a burden.

No one understands me.

COMMUNICATION BARRIERS

- Hearing or vision loss
- Cognitive impairment
- Difficulty expressing needs or emotions
- Reliance on family who may not be present



"I can't hear well... what did you say?"

TREATMENT COMPLEXITIES

- Polypharmacy and risk of adverse effects
- Increased sensitivity to psychotropic medications
- Medical comorbidities limit treatment options
- Non-pharmacologic interventions underused



WHY IT'S COMPLEX

- ✓ Coexisting medical conditions and medications
- ✓ Cognitive changes can mimic or worsen mental health issues
- ✓ Sensory impairments and pain impact behavior
- ✓ Grief, loss, and life transitions
- ✓ Greater sensitivity to medication side effects

DISPOSITION & PLACEMENT ISSUES

- Limited geriatric psychiatric beds
- Long waits in the ED
- Difficulties finding appropriate post-discharge placement
- Insurance and cost barriers



ENVIRONMENTAL BARRIERS

- Hospital units not designed for older adults
- Overstimulation or unfamiliar environments increase anxiety and confusion
- Lack of age-friendly behavioral health spaces



CAREGIVER & SOCIAL FACTORS

- Caregiver burnout and stress
- Family guilt, stigma, or lack of support
- Isolation and loneliness worsen symptoms
- Financial strain



SYSTEM-LEVEL CHALLENGES



Workforce shortage in geriatric mental health



Limited training in geriatric behavioral health



Lack of standardized guidelines and assessment tools



Time constraints in busy clinical settings



Underfunding and limited resources for older adults



Ageism and misunderstanding of older adults



OUR GOAL

Compassionate, age-informed care that promotes dignity, independence, and the best possible quality of life.



OLDER ADULTS DESERVE CARE THAT SEES THE PERSON, NOT JUST THE DIAGNOSIS.

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Special Needs Behavioral Health

SPECIAL NEEDS BEHAVIORAL HEALTH CHALLENGES

Unique Needs. Individual Support. Better Outcomes.

People with developmental, intellectual, and physical disabilities often face greater behavioral health challenges and barriers to care.
Understanding. Patience. Access. Inclusion.



COMMON CHALLENGES

- Communication Barriers**
Difficulty expressing emotions, needs, or symptoms can lead to frustration and anxiety.
- Co-Occurring Conditions**
Higher rates of anxiety, depression, ADHD, autism, epilepsy, and trauma.
- Behavioral Expression**
Behavior may be a form of communication. Triggers can be hard to identify.
- Sensory Sensitivities**
Over- or under-sensitivity to sounds, lights, textures, and environments can cause distress and meltdowns.
- Changes & Transitions**
Difficulty with change, new routines, or unexpected events can increase stress and challenging behaviors.
- Access & System Barriers**
Limited providers, long waitlists, insurance limitations, and lack of specialized services.

WHAT SUPPORTS HELP

- Individualized Care**
Plans based on strengths, needs, and communication style.
- Clear Communication**
Use simple language, visuals, and alternative communication methods.
- Consistent Routines**
Predictability reduces anxiety and builds trust.
- Sensory-Informed Environments**
Adapt spaces to reduce sensory overload and promote comfort.
- Skilled & Compassionate Staff**
Training in disability awareness, trauma-informed care, and positive behavior support.
- Family & Caregiver Partnership**
Families know their loved one best. Collaboration leads to better outcomes.

IMPACT ON INDIVIDUALS AND FAMILIES

- Increased anxiety, depression, and behavioral distress**
- Greater risk of social isolation and loneliness**
- Challenges in school, work, and community inclusion**
- Higher stress for families and caregivers**
- Increased use of emergency services and hospitalizations**
- Lower quality of life and missed potential**

BEST PRACTICES

- Person-Centered Planning**
Focus on goals that matter to the individual.
- Evidence-Based Supports**
Use proven therapies and positive behavior supports.
- Early Identification**
Recognize and address needs early.
- Integrated Care**
Coordinate medical, behavioral, educational, and social supports.
- Community Inclusion**
Promote opportunities to belong and participate.
- Ongoing Support**
Continuity of care through all stages of life.

WHAT INDIVIDUALS AND FAMILIES NEED

- Access to specialized behavioral health providers**
- Insurance coverage that meets their unique needs**
- Respite and caregiver support**
- Respect, dignity, and understanding**
- Advocacy and support navigating systems**

WE CAN MAKE A DIFFERENCE



When we remove barriers, build understanding, and provide the right supports, individuals with special needs can thrive.
Support. Empower. Include. Believe.

REMEMBER



Behavior is communication. Every person deserves to be heard, supported, and given the opportunity to thrive.



Inclusion is not a goal—it's a commitment. Together, we can build a world where everyone belongs.



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Adolescent Behavioral Health

COMMON CHALLENGES

- Anxiety & Stress**
School pressures, social expectations, and future uncertainty can overwhelm.
- Depression & Mood Changes**
Persistent sadness, hopelessness, and lack of interest can affect daily life.
- Social Pressures**
Peer relationships, fitting in, bullying, and social media comparison can take a toll.
- Technology & Social Media**
Excessive screen time, cyberbullying, and unrealistic online comparisons impact self-esteem and sleep.
- Identity & Self-Esteem**
Figuring out who they are can lead to confusion, self-doubt, and body image concerns.
- Substance Use**
Experimentation with alcohol, nicotine, or drugs can lead to dependency and other risks.
- Trauma & Adverse Experiences**
Trauma, abuse, or instability can lead to PTSD, anxiety, and behavioral challenges.
- Academic Pressure**
High expectations and academic stress can lead to burnout and feelings of failure.

ADOLESCENT BEHAVIORAL HEALTH CHALLENGES

Supporting Teens. Strengthening Futures.

Adolescence is a critical time of change and growth. Many challenges can impact a teen's mental and emotional well-being. With understanding, support, and the right care, teens can overcome challenges and thrive.



WHAT TEENS NEED

- Safe, Nonjudgmental Support**
A space where they feel heard, respected, and accepted.
- Open Communication**
Listening and validating their feelings helps build trust.
- Consistent Routines**
Structure and predictability create security and stability.
- Healthy Coping Skills**
Tools for managing stress, emotions, and challenges.
- Family Involvement**
Supportive relationships at home make a big difference.
- Access to Care**
Early support and treatment lead to better outcomes.

THE IMPACT ON TEENS

- Difficulty concentrating and learning
- Lower self-esteem
- Increased risk of self-harm and suicidal thoughts
- Strained relationships
- Poor sleep and low energy
- Substance use and other risky behaviors
- Long-term impact on mental and physical health

WARNING SIGNS TO NOTICE

- Withdrawal from friends and activities
- Changes in mood, sleep, or appetite
- Decline in school performance
- Loss of interest in things they used to enjoy
- Talking about hopelessness or self-harm
- Increased irritability or anger

WHAT HELPS

- Early support and intervention
- Therapy and counseling
- Building resilience and self-esteem
- Healthy activities and hobbies
- Mindfulness and relaxation
- School support and accommodations

A TEAM APPROACH WORKS BEST

- Families
- Therapists & Counselors
- Schools
- Primary Care Providers
- Community Support

HOW YOU CAN HELP

- Reach out and start a conversation.
- Listen without judgment.
- Encourage help-seeking and self-care.
- Know the resources in your community.
- Remind them: You are not alone.



Every teen deserves the chance to feel better, grow stronger, and reach their full potential. Support today. Hope for tomorrow.



If you or someone you know is struggling, reach out for help. You matter. Call or text 988 or chat 988lifeline.org

California Behavioral Health Changes

CALIFORNIA BEHAVIORAL HEALTH REFORM

Transforming Lives. Strengthening Communities. Building a Better California.

California is building a more equitable, accessible, and accountable behavioral health system so everyone can get the right support, at the right time, in the right place.

PROP 1: BEHAVIORAL HEALTH BOND

Prop 1 is a \$6.38 billion investment to build a continuum of behavioral health treatment, support, and housing across California.



OUR GUIDING VALUES



Equity
All communities are valued and supported.



Compassion
Caring, respectful services for every person.



Accountability
Measuring what matters and driving results.



Innovation
We embrace new ideas to improve lives.



Inclusion
Partnering with individuals, families, and communities.

PROP 1 BY THE NUMBERS

- \$6.38 BILLION** Total Investment
- 10+ YEARS** Strengthening California's behavioral health system
- Communities Statewide** Investments where the need is greatest

MODERNIZE SYSTEMS

- Improve data systems and transparency
- Streamline processes and reduce barriers

REFORM IN ACTION



More Access, Less Wait
Expanding services and the behavioral health workforce across California.



Care in the Right Place
More options for care in homes, schools, and communities—not just hospitals.



Focus on Prevention
Investing in early support for children, youth, and families.



Supporting the Whole Person
Addressing behavioral health together with physical health and social needs.



Data for Better Outcomes
Using data and feedback to improve services and reduce disparities.

WHO WE SERVE

- Children and Youth
- Adults
- Older Adults
- Families
- LGBTQ+ Communities
- Communities of Color
- People with Disabilities
- Rural Communities

Everyone. Everywhere.
No one is left behind.

WHY WE REFORM



People Deserve Better
Every Californian deserves access to high-quality, culturally responsive behavioral health care.



System Challenges
Too many face long waits, gaps in care, and services that are hard to navigate.



A New Vision
Reform focuses on prevention, early intervention, and whole-person wellness.



Stronger Communities
Investment in behavioral health builds healthier families, safer neighborhoods, and a stronger California.

SB 43: BEHAVIORAL HEALTH ACCOUNTABILITY AND TRANSPARENCY



Senate Bill 43 (2023) strengthens accountability and transparency in our behavioral health system.

- Creates clear statewide standards for quality care
- Requires data reporting to drive improvement
- Centers equity and reduces disparities
- Ensures that investments lead to real results

SB 43 helps ensure Prop 1 delivers accountable, effective, and equitable outcomes.

KEY REFORM AREAS



EXPAND ACCESS

- Increase capacity for mental health and substance use services
- Reduce wait times
- Improve crisis response statewide



INTEGRATE CARE

- Connect behavioral health with physical health, housing, and social services
- Improve care coordination across systems



STRENGTHEN THE WORKFORCE

- Recruit, train, and retain a diverse behavioral health workforce
- Support community-based providers



INVEST IN COMMUNITIES

- Increase funding for local programs and providers
- Prioritize underserved and disproportionately impacted communities



EMPOWER INDIVIDUALS AND FAMILIES

- Involve lived experience in decision-making
- Provide culturally responsive, trauma-informed care

BCHIP GRANTS

Behavioral Health Continuum Infrastructure Program (BCHIP) grants (funded by Prop 1) support the planning, acquisition, and construction of projects that expand behavioral health treatment, residential care, and supportive housing.

- New Treatment Facilities
- Residential Care Settings
- Supportive Housing
- Outpatient & Community Centers
- Crisis Stabilization Services

Building the infrastructure for long-term care and lasting impact.

REFORM MILESTONES



Legislation & Investment (2016-2021)
Laid the foundation for transformation



Building Infrastructure (2021-2023)
Expanding capacity, workforce, and community programs



Expanding Access & Equity (2023-2025)
Bringing services to more people, closing gaps



Measuring & Improving (Ongoing)
Using data to drive better outcomes



A HEALTHIER CALIFORNIA STARTS WITH BEHAVIORAL HEALTH.
Together, we can build a future where everyone has the opportunity to heal, thrive, and belong.

HOW YOU CAN GET INVOLVED



Learn
Stay informed and spread awareness.



Support
Volunteer, partner, and uplift your community.



Advocate
Use your voice to support policies that heal.



Engage
Share your experience and help shape reform.

PROP 1. REAL CHANGE. LASTING IMPACT.

SB 43. ACCOUNTABILITY. TRANSPARENCY. RESULTS.

A BETTER CALIFORNIA FOR ALL.

Stronger Communities

Better Care

Brighter Future

Stronger Together. Better Every Day.

CalHOPE
CALIFORNIA'S HOPE LINE
1-833-317-HOPE (4673)

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Pitfalls of California Behavioral Health Changes



CHALLENGES TO CALIFORNIA BEHAVIORAL HEALTH REFORM


Critical risks that could undermine progress and impact lives.



<p>POLICING POLICY CHANGES</p>  <p>Shifting responsibilities from law enforcement to behavioral health requires clear policy, training, and resources.</p> <ul style="list-style-type: none"> • Inconsistent implementation across counties • Lack of co-responder and CIT program expansion • Continued over-reliance on policing for behavioral health crises <p>IMPACT People in crisis may be harmed, diverted to jail instead of care, and disparities will persist.</p>	<p>POTENTIAL DEFUNDING OF MOBILE CRISIS</p>  <p>Mobile crisis services are a critical lifeline that helps prevent hospitalizations, incarceration, and homelessness.</p> <ul style="list-style-type: none"> • Funding is time-limited and not guaranteed • Growing demand with limited vehicles and staff • Risk of program cuts or service reductions <p>IMPACT People may not get help in time, leading to worse outcomes and higher overall costs.</p>	<p>NO STACKED 5150 HOLDS</p>  <p>Eliminating stacked 5150 holds limits the ability to keep individuals in care when they continue to meet criteria.</p> <ul style="list-style-type: none"> • Higher risk of premature discharges • Increased cycling in and out of crisis • Safety risks for individuals and communities <p>IMPACT People may be discharged too soon, leading to relapse, harm, or repeated crises.</p>	<p>STAFFING RATIO CHANGES FOR PSYCHIATRIC FACILITIES</p>  <p>Changes to mandated staffing ratios may reduce costs but compromise safety and quality of care.</p> <ul style="list-style-type: none"> • Higher patient-to-staff ratios increase burnout • Harder to meet complex patient needs • Recruitment and retention already strained <p>IMPACT Staff burnout, safety incidents, and poorer patient outcomes may increase.</p>	<p>ONE BEAUTIFUL BILL ACT (OBBA) FUNDING THREATS</p>  <p>Federal budget changes and shifting priorities threaten critical behavioral health funding streams.</p> <ul style="list-style-type: none"> • Risk to Medicaid and other federal funds • Potential cuts to grants and block funding • Uncertainty jeopardizes long-term planning <p>IMPACT Funding instability will slow progress, limit services, and widen inequities.</p>	<p>ABSENCE OF PRIVATE INSURANCE IN PUBLIC REIMBURSEMENT</p>  <p>Private insurance is not included in reimbursement for public behavioral health services.</p> <ul style="list-style-type: none"> • Creates an unsustainable gap in funding • Shifts costs to counties and taxpayers • Discourages investment and innovation in the system <p>IMPACT Public systems remain underfunded, limiting capacity and the ability to expand care.</p>
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THE BOTTOM LINE
Without addressed these challenges, California risks undermining the promise of reform and failing the people who need help the most.

 INVEST IN PEOPLE	 SUSTAIN SERVICES	 ENSURE EQUITY	 PROTECT FUNDING	 SUPPORT THE WORKFORCE	 BUILD A STRONGER, MORE RESILIENT SYSTEM
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 Protect progress. Prioritize people. Build a stronger behavioral health system for all Californians.

Learned Helplessness? NO!

Care beyond 4 hours is difficult for all patients – standardizing protocols with the RN and CAN driving the care

Changing ED Physicians

Changing ED Nurses

1:1 Observation behaviors – engagement – training to develop rapport – own ADLs and observations

Constant reprioritization – try to put these patients together with one RN

Medication comfort – getting psychiatrist to develop PMGs for all physicians

Solitary – OUTSIDE!!

Coordination of care – we can be the glue that makes everyone talk

Definitive Care – receivers can say no – leverage partnerships

PADs – execute psychiatric advanced directives

Relationships BHAB – be apart of the greater conversation

Questions?

