METHOD Cont.
First six months of service were staffed by a shared ED crisis worker at distant site. A dedicated person was approved to meet the volume demands. 12 month implementation plan, with a new originating site went live every 1-2 months. Provided services 24/7 through primary and secondary coverage models.

CONCLUSIONS
Dedicated crisis care TeleHealth team is critical to the success of the program
- Program struggled during first six months when using a shared ED social worker
- Realized improvements comparing first six months compared to last six months of service
  - Median response times have decreased by 46%
  - Median Pt arrival to evaluation start time decreased by 23%
  - Median ED LOS for crisis patients have decreased by 11%

11 Intermountain facilities and 1 strategic outreach partner are accessing crisis care via TeleHealth
Nearly 60% of patients seen are admitted to an inpatient behavioral health unit
Currently evaluating impact to patients that leave without treatment or against medical advice

REFERENCES

No conflicts of interest to disclose.