

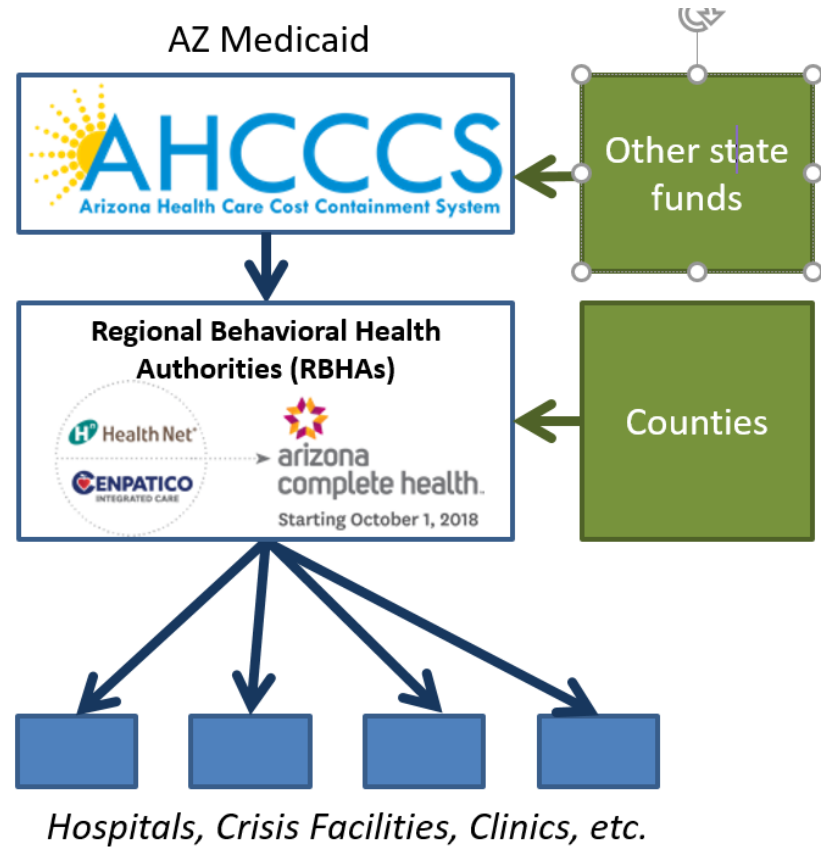
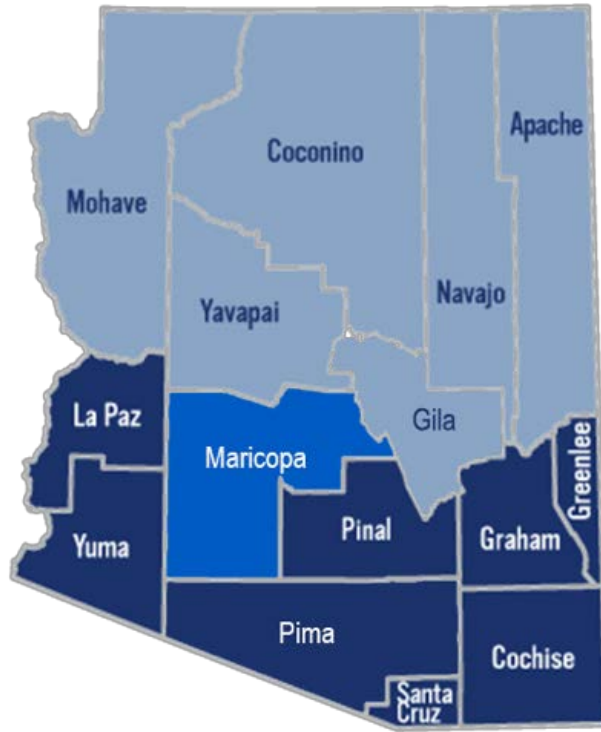


PIMA COUNTY

CRISIS RESPONSE CENTER

Overview

Behavioral Health in Arizona



What this means for the crisis system

- Centralized **planning**
- Centralized **accountability**
- **Alignment** of clinical and financial goals

Performance metrics and payment systems that promote desired outcomes

Decrease

- ED and hospital admissions
- Justice involvement

Increase

- Community stabilization
- Engagement in care

Strategic Model of Service Delivery



State says: Reduce criminal justice costs for people with SMI.



AHCCCS contracts with Medicaid MCOs/RBHAs and includes deliverables targeted at reducing criminal justice involvement.



RBHA (which is at risk) uses contract requirements/VBP to incentivize subcontracted providers to implement services and processes targeted at reducing justice involvement.

Targeted Processes:

Law Enforcement as a “preferred customer”

CRISIS LINE

- Some 911 calls are warm-transferred to the crisis line
- Dedicated LE number goes directly to a supervisor

MOBILE TEAMS

- **30 minute response time** for LE calls (vs. 60 min routine)
- Some teams assigned as **co-responders** (cop + clinician)

Targeted Programs & Services

Forensic ACT

MRT

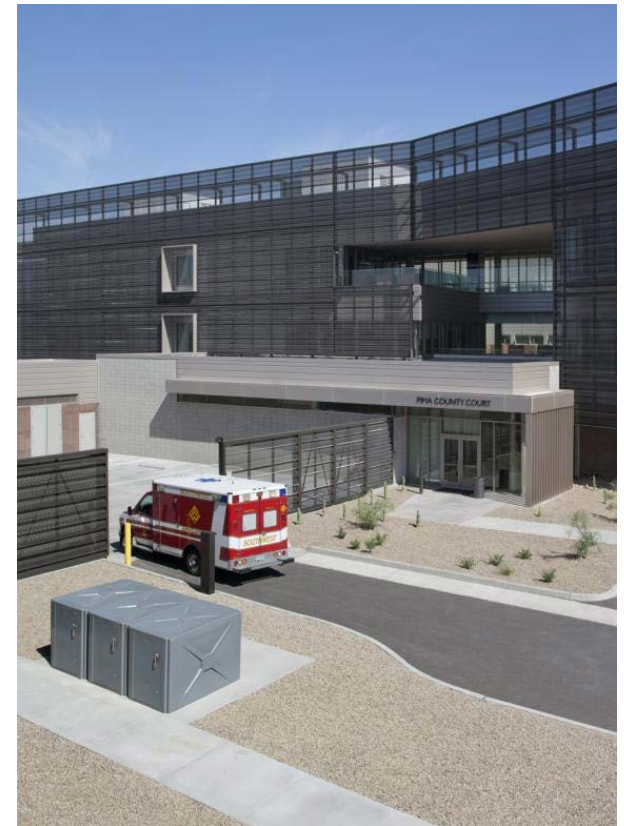
“Reach in” – plans must work with members prior to release to set up benefits and an outpatient care plan





Development of Pima County Crisis System

- Beginnings in tragedy
 - Leading for change
- Capital needs
 - Funding sources
 - Site selection
- Planning process
 - Primary goals
 - Informed by GAINS Center and Bazelon Center for Disability Law
 - Planning with purpose— programs/workflow drove design
 - Collaboration



Crisis Response Center

- Volume of visits per year
 - 12,000 adults + 2,400 youth per year
- ***Law enforcement receiving center with NO WRONG DOOR and < 10 min drop-off time***
(no exclusions for acuity, agitation, intoxication, payer, etc.)
- 24/7 urgent care, 23 hour observation, brief inpatient
- Also houses
 - Crisis call center/mobile team dispatch operated by Nursewise
- Managed by Connections since 2014





Connections' 23-hour Observation Model

- Medical necessity criteria similar to inpatient psych (high acuity)
- Staffed 24/7 with MDs, NPs, PAs
- “No wrong door”
 - Path of least resistance for cops: <10 min drop off, never turned away
 - No behavioral health exclusionary criteria
- Community Stabilization/Diversion from inpatient:
 - **60-70% discharged to the community**
 - Early intervention
 - Interdisciplinary team – docs, social workers, peers, nurses, techs, etc.
 - Collaboration with community & family partners
 - **Aggressive discharge planning = Assumption that the crisis can be resolved**

Behavioral Health Pavilion



- ED equipped with rooms specifically designed for individuals in bh crisis
- Outpatient clinic
- 48 inpatient beds
 - Involuntary commitment evaluations (80% conducted here)
 - Other inpatient stays
- Superior Court courtroom for involuntary commitment hearings
- Connected via sally port to Crisis Response Center