Part 3: Choreographing an Elaborate Dance Party

Multiple Providers & Multiple Payers
Southern AZ Crisis System has many components

**Crisis Hotline**
- Info, care coordination
- Direct line for LE
- Some co-located at 911

**Law Enforcement Training**
- Supported by RBHA & multiple community partners
- Tucson PD and Pima Co Sheriff are 100% MHFA & 80% CIT trained

**Mobile Crisis Teams**
- Masters level clinicians
- On-site crisis intervention
- 30-min response time for LE

**Mental Health Support Teams (MHST)**
- In addition to CIT
- Unique specialized team specializing in civil commitment, challenging cases, and follow-up
- Officers/Deputies & Detectives

**Co-Responder Teams**
- MHST Detective
- Mobile Team Clinician

**Law Enforcement Crisis Response Center**
- 24/7 Crisis Center for Adults and Youth
- <10 minute LE drop-off time
- Law enforcement never turned away
- Adjacent to ED, Court, Inpatient psych
- Crisis Clinic, 23 hour obs, initiation of MAT

**Access Point**
- 24/7 Detox/Crisis for Voluntary Adults
- <10 minute LE drop-off time
- Transitions to substance use tx/MAT

**CODAC @ 380 and U-MATTER**
- 24/7 Access to outpatient MAT
- Peer co-responders

**Regional Behavioral Health Authority**
- First Responder Liaisons
- Responsible for the network of programs and clinics
Alignment of multiple parts towards the common goal of stabilization in the **least restrictive** setting

Person in Crisis → Crisis Line → Mobile Crisis Teams → Crisis Facility → Post-Crisis Wraparound

- **80% resolved** on the phone
- **68% resolved** in the field
- **60% discharged** to the community
- **80% remain stable** in community-based care

Least Restrictive = Least Costly

Decreased Use of jail, ED, inpatient
Consistent scorecards for all 24/7 crisis facilities

The RBHA uses this as a common framework to measure outcomes across the 24/7 crisis centers in the network.

- Monthly data review:
  - Insight into volume trends
  - Bed capacity and throughput
  - Community acuity and engagement
  - Ensure accountability and proper discharge planning
Measuring a crisis episode with multiple providers

Crisis Episodes

Person in Crisis → Crisis Line → Mobile Crisis Teams → Crisis Facility → Post-Crisis Wraparound

How long did it take for the person to move through the various components of the system?

What was the outcome?
From Single to Multi Payer

• Beginning 10-1-2018, all Medical plans were required to cover both physical health and behavioral health

• Southern Arizona went from a single-payer behavioral health carve-out to:
  – The RBHA (AzCH) covering
    • BH+PH for SMI members and Foster Kids
    • Crisis services for everybody regardless of payer
  – Three Arizona Complete Care (ACC) health plans covering
    • BH+PH for non-SMI members

This forced system change and a need for community wide coordination to ensure the well being of our community.
New Arizona Behavioral Health System Structure

All plans provide integrated PH+BH care, but the BH system is no longer single-payer.
The Arizona Crisis Line: Linking the System Together

**Crisis Line Linkages**
- Reporting tools that provide data for coordination of care
- Communicating directly with insurance plans, system partners and outpatient providers

**24hr Summary Report**
- Automated Excel overview of crisis contact in the last 24hrs
- Updated every morning via SFTP or secure email
- Sorted by health plan to ensure no crossover

**Trigger Triage**
- Automated PDF summaries of crisis contact
- Housed on an SFTP site
- Updated in real time
- Accessible by each individual health plan
Coordinating Crisis Data for Multiple Plans

Tracking and Trending Daily
Increasing our ability to proactively plan and collaborate with system partners

This allows for high-level program adoption in a network with multiple Health Plans:
- My Health Direct
- 1hr Urgent Engagements
- Hospital Assessment Teams

What's good for the individual is great for plans—continued stabilization and access to care keeps individuals safe in the community.
Familiar Faces: An Evolution

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>ACC Plan</th>
<th>Funding Category</th>
<th>BH Category</th>
<th>Eligibility Group</th>
<th>Primary Reason for Call</th>
<th>Secondary Reason for Call</th>
<th>Plan Disposition</th>
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<tbody>
<tr>
<td>11/1/2018</td>
<td>ACC - UnitedHealthcare Community Plan</td>
<td>TXIX</td>
<td>Child</td>
<td>ACUTE</td>
<td>Notification of Admission to 23 hour COU</td>
<td>Harm to Self</td>
<td>Notification of Admission to CRC Tucson COU</td>
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<tr>
<td>11/1/2018</td>
<td>No AHCCCS Complete Care Plan</td>
<td>TXIX</td>
<td>GMH</td>
<td>NONE</td>
<td>Notification of Admission to 23 hour COU</td>
<td>Disturbance in Thought</td>
<td>Notification of Admission to CRC Tucson COU</td>
</tr>
<tr>
<td>11/1/2018</td>
<td>ACC - Arizona Complete Health</td>
<td>TXIX</td>
<td>SMI</td>
<td>DISABL</td>
<td>Notification of Admission to 23 hour COU</td>
<td>Suicidal Thoughts</td>
<td>Notification of Admission to CRC Tucson COU</td>
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</table>

- Prior to 10/1/2018 the RHBA met directly with the CRC and other 24/7 crisis centers with outpatient providers to staff and more effectively plan coordination of care
- 24hr Crisis facilities now alert the crisis line to create both a trigger triage, and daily notification of a member presentation
- This allows each ACC plan to coordinate on familiar faces on a weekly if not daily bases
- It allows the plan more insight into a members presentation and thus can help with care management assignment and admission
Health and Justice Data Information Sharing

Behavioral Health

Criminal Justice

Public Health
Pima County collaborated on a National grant (BJA) to establish the first of its kind Justice – Health Information Data Exchange (J-HIDE) to discern mental health treatment history of detainees entering into the jail:

- Bridging continuity of care
- Creating access to care opportunities
- Consideration for pretrial release
Our individual perspectives are unique and limited.

Working together allows us to gain insight into the bigger picture.
For example, we recently designed a study of **Title 36 patient timelines** before and after a policy change.
Working together gave each partner a better sense of “the big picture.”

For the CRC, episode dispositions for patients transferred to another evaluation agency were unknown.

For Pima County, CRC patient timelines (prior to November 2018) were unknown.
The analysis provided more detail on specific subpopulations.

We were able to examine differences by hospital, time of transfer relative to filing of petition, and episode disposition.
The analysis enabled us to better understand timelines associated with distinct stages of the Title 36 process.
We were also forced to confront **limitations** of this approach.

### CRC Title 36 Subpopulations by PCOE Filing Site and Transfer Status, Pre- and Post-November 2018

<table>
<thead>
<tr>
<th></th>
<th>Pre-Nov 2018</th>
<th>Nov 2018 &amp; later</th>
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<tbody>
<tr>
<td><strong>PCOE at CRC</strong></td>
<td>No PCOE at CRC</td>
<td>PCOE at CRC</td>
</tr>
<tr>
<td><strong>No transfer</strong></td>
<td>No transfer</td>
<td>PCOE at CRC</td>
</tr>
<tr>
<td><strong>Released from CRC</strong></td>
<td>Released from CRC</td>
<td>Released from CRC</td>
</tr>
<tr>
<td><strong>Included in all analyses</strong></td>
<td>No PCOE at CRC</td>
<td>PCOE at CRC</td>
</tr>
<tr>
<td><strong>Included as separate subpopulation</strong></td>
<td>No PCOE at CRC</td>
<td>PCOE at CRC</td>
</tr>
</tbody>
</table>
Working together puts us in the driver’s seat to better understand and address systemic issues.
Putting it all together...

Stakeholders from multiple systems coming together around data to solve a complex problem.
Using Data to Solve Complex Problems

Example:
Repeat revocations to the CRC (for patients on outpatient civil commitment)

Who are these people?
Where are these patients coming from?

Can we target interventions to prevent the need for involuntary law enforcement transports?

Courtesy Sgt. Jason Winsky, Tucson Police Dept.
“The Group Home Guy”

Multiagency QI Process to reduce civil commitment revocations
Reduced Emergency Civil Commitment Revocations

CRC T36 Revocations per month

- UCL: 74.63
- CL: 58.67
- LCL: 42.71

Months:
- Apr-17
- May-17
- Jun-17
- Jul-17
- Aug-17
- Sep-17
- Oct-17
- Nov-17
- Dec-17
Choose the Red Pill: Leveraging data to illuminate the path to multi-stakeholder collaboration and system improvement

20th Annual Summer Institute for Applied Behavioral Health – Flagstaff, AZ: July 16-19

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Questions?