Filling the Gap: Innovative Alternatives in GSA 6

Justin Chase
Magellan Health Services of Arizona

John Hogeboom
Community Bridges, Inc.
Session Objective

- Present program overviews and outcomes for adult services to bridge system gaps:
  - facility-based; and
  - community-based.
Crisis Definition

- When a person presents with a sudden, unanticipated, or potentially dangerous behavioral health condition, episode or behavior.
What is the Targeted Outcome of the Crisis System?

- Decrease suicide/homicide rate among service recipients?
- Reduce hospital ED utilization?
- Provide adequate services in the least restrictive environment possible
- Reduce wait times in EDs?
- Reduce recidivism rates at EDs and crisis service providers?
- Reduce unnecessary incarceration and detainment?
- Reduce non-acute utilization of Level I beds?
- Reduce COT/COE?
- Improve continuity of care by coordinating with community-based supports and services?
- Return recipient to community as quickly as clinically possible?

Answer: all of the above
Magellan Crisis Service Package

- 24/7 Crisis Line (20,000 calls per month)
- Mobile Crisis Intervention (1,600 dispatches per month)
- 23-hour Crisis Stabilization – 71 beds
  - UPC, RRC, CCARC & EVARC
- Crisis Inpatient Services – 93 block purchase beds
  - UPC, RRC, CCARC, EVARC, CRU I & CRU II
- Inpatient Hospital Services (Title 19 only)
  - MIHS Desert Vista and Maricopa Annex, St. Luke’s BH, Aurora BH, Banner BH
- Hospital Rapid Response (Title 19 and all SMI only) (700 dispatches per month)
- Peer-Operated Warm Line (4,000 calls per month)
Magellan Health Services of Arizona
Crisis Safety Net Continuum

Inpatient Hospital (MIHS, St. Luke’s, Aurora, Banner)
Level I Psych. Sub-Acute (UPC, RRC & CRU)
Level I Detoxification (CCARC & EVARC)
23-hr Psych. Crisis Stabilization (UPC & RRC)
23-hr Sub. Abuse Crisis Stabilization (CCARC & EVARC)
24/7 Walk-In (UPC & RRC)

Mobile Crisis Teams (TERROS & EMPACT)
Hospital Rapid Response (TERROS & CPR)
24/7 Psychiatric Crisis Line (CRN)

Peer Operated Warm-line (Visions of Hope)
Pre- & Post-Crisis Gap

1. When there is an anticipated or imminent acute or dangerous behavioral health condition, episode or behavior; which, without intervention, will result in a crisis or emergency situation.

2. When an individual no longer meets medical necessity for Level I services, but needs additional support or has a high probability of having a crisis incident within a short duration.
There is a systemic gap between routine care, inpatient and crisis services.
1. The Access Point and Transition Point Facilities help bridge the facility gap

2. Crisis Transition Navigator program helps bridge the community gap
Magellan Health Services of Arizona
Crisis Safety Net Continuum

- Inpatient Hospital (MIHS, St. Luke’s, Aurora, Banner)
- Level I Psych. Sub-Acute (UPC, RRC & CRU)
- Level I Detoxification (CCARC & EVARC)
- 23-hr Psych. Crisis Stabilization (UPC & RRC)
- 23-hr Sub. Abuse Crisis Stabilization (CCARC & EVARC)
- 24/7 Walk-In (UPC & RRC)

**Level III Residential (CB Avondale & Mesa)**

**24/7 Outpatient (CB Avondale & Mesa)**

- Mobile Crisis Teams (TERROS & EMPACT)
- Hospital Rapid Response (TERROS & CPR)
- 24/7 Psychiatric Crisis Line (CRN)

**Crisis Navigators (Valle del Sol, NOVA, EMPACT & CB)**

- Peer Operated Warm-line (Visions of Hope)
East and West Valley
Access Point & Transition Point

Facility-Based Alternatives
Access Point – Outpatient & Intake Clinic (24/7)

- Front door to the behavioral health system – assess for ongoing services, provide brief intervention, group and individual sessions, as needed

- Provide support and resources

- Coordinate ongoing care through contracted network providers
Transition Point – Level III
time-limited residential – 16 beds

- 3-5 day length of stay for people who need targeted overnight support or transition planning back to the community.

- Applicable for individuals from the community who need more targeted support, but do not meet medical necessity for a costly inpatient stay or intensive crisis service.

- Can prevent many individuals from being discharged to the community while they are at a high risk of substance/psychiatric relapse.

- Anyone can access services (Titled and non-Titled) as a drop-in, but individuals can also be referred there or be discharged to the facility from a hospital.
What these programs won’t do:

- Replace medically necessary crisis stabilization, observation and inpatient care
- Serve DTS/DTO recipients with plans and means
- Serve involuntary recipients
Magellan Health Services of Arizona
Crisis Facility Geographical Access

RRC

UPC

CCARC

CRU I&II

Detox Center

Psych Urgent Care

Crisis Inpatient

Access Point/Transition Point

AP/TP

824 N 99th Ave.
Avondale, AZ

358 E. Javelina Ave.
Mesa, AZ
West Valley
Access Point & Transition Point

Progress Report: Data through May 2012
East Valley Access Point & Transition Point

Transition Point Entrance

Access Point 1st Responder/after hours Entrance

Access Point Main Entrance
Access Point and Transition Point
Volume to Date

- **Access Point:**
  - 4334 admissions
  - Average Length of Stay: 21 hours
  - Level I Diversion 92%

- **Transition Point:**
  - 1554 admissions
  - Average Length of Stay: 2.6 days
  - Level I Diversion 95%
Access Point Referral Source
(September 7, 2011 - May 31, 2012)

- Criminal Justice: 0.2%
- Crisis Provider: 0.5%
- Outpatient Clinic: 2%
- Psychiatric Hospital: 5%
- Crisis Mobile Team: 8%
- Police/1st Responder: 8%
- Level I Sub-Acute Facility: 10%
- Emergency Department: 18%
- Walk-in: 48%
Access Point Utilization by Population Type
(September 7, 2011 to May 31, 2012)

- GMH/SA T19: 31%
- GMH/SA NT19: 52%
- SMI T19: 13%
- SMI NT19: 5%
Access Point Dashboard Chart

*Target Referral Source = Police, Fire, Acute Care Hospitals, PCP/Physicians, Parole/Probation Officers*
Transition Point Discharge Data
Number of Discharges & Average Length of Stay
September 8, 2011 to May 31, 2012

Number of Discharges & Average Length of Stay

- **Number of Discharges**
- **Average Length of Stay**

<table>
<thead>
<tr>
<th>Month</th>
<th>Sep-11</th>
<th>Oct-11</th>
<th>Nov-11</th>
<th>Dec-11</th>
<th>Jan-12</th>
<th>Feb-12</th>
<th>Mar-12</th>
<th>Apr-12</th>
<th>May-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>124</td>
<td>119</td>
<td>141</td>
<td>151</td>
<td>135</td>
<td>205</td>
<td>284</td>
<td>293</td>
<td></td>
</tr>
<tr>
<td>2.7</td>
<td>2.4</td>
<td>2.4</td>
<td>2.7</td>
<td>2.6</td>
<td>2.7</td>
<td>2.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>67</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Transition Point Utilization by Population Type
(September 7, 2011 to May 31, 2012)

- GMH/SA T19: 30%
- GMH/SA NT19: 54%
- SMI T19: 11%
- SMI NT19: 5%
Benefits to Regional Stakeholders

- First responders encountering an individual in need of behavioral health assistance in the community can immediately transport the individual to this facility for assessment, treatment and/or transition to the appropriate level of care and not tie up expensive police/fire/rescue assets.

- These facilities will help to decrease emergency room operating costs by decreasing the numbers of people waiting for behavioral health services, reducing the “wait time,” and increasing ER availability to address true emergencies.
What these programs will do:

- These facilities will fill the gap between inpatient and crisis services on one hand and routine behavioral health care on the other.

- These facilities will provide early intervention, support services and assessment services to ensure people have the appropriate level of treatment yet avoid higher, more costly and restrictive levels of care when they are not necessary.

- Each of the two 24/7 facilities will have an intake and assessment component known as Access Point and a time-limited residential component (Level III) known as Transition Point.
What these programs will do, cont.:

- Provide an alternative for first responders (Police and Firefighters), from transporting lower acuity individuals directly to the Level I Sub-Acute facilities and emergency departments for psychiatric and detoxification related crisis services.

- Provide a direct discharge point for hospital emergency rooms
  - thereby decreasing their emergency room wait times.

- Serve as an entry point for transfers and drop-offs (24-hour triage, assessment, treatment, and transition)

- Provide transitional care for individuals who have been stabilized and yet need continued detoxification, psychiatric medication, and counseling for 3 to 5 days beyond the initial stabilization period.

- The Transition Point facility will prevent many individuals from being discharged to the community while they are at a high risk of substance/psychiatric relapse.
Justification Summary

- Low development and operating costs
- High use of peers as the primary therapeutic provider
- Supports recovery model approach to treatment
- Fills systemic gap in service availability
- Similar model has been extremely effective in other parts of Arizona (A6)
- Most states offer a similar program to fill the systemic gap
- There are no requirements to change OBHL Rules or obtain special AHCCCS or CMS permission
Crisis Transition Navigator

Community-Based Alternative
Navigating the behavioral health system can be confusing and frustrating under any circumstance, especially after a crisis episode.
A tour guide is more effective and more personable than a guide book.
The Crisis Transition Navigator (CTN) is a 24/7 short-term community-based service program delivered by trained and highly-skilled peers.

The CTN does not provide treatment services to the individual, but rather serves as a “bridge” by coordinating and monitoring RHBA and Community based resources and arranges for delivery of these necessary services and supports.

The goal of the CTN is to provide willing recipients with various wrap-around services designed to (1) successfully navigate them through their current crisis episode and (2) reduce the likelihood of experiencing future crisis events.
Kicked off January 26, 2010
- Community Bridges, Empact/La Frontera, NOVA & Valle del Sol

14-day peer-staffed and community-based support service program

Developed for members of the community who have multiple interactions with the crisis system continuum
- Psychiatric and detox urgent care, mobile team, crisis line, police

Expanded to engage individuals who have frequent psychiatric hospital admissions
Crisis Transition Navigator Data

- To date: more than 12,000 CTN referrals
  - 481 are individuals discharging from Level I Psychiatric Hospitals

- Requests for more than 50,000 areas of need
  - Benefits
  - Housing
  - Behavioral health service connection
  - Employment/vocational services
  - Community Resources (e.g., food boxes, rent assistance)
  - Legal documentation (e.g., IDs, birth certificates)
  - Transportation

*Data current through May 2012*
Crisis Transition Navigator Data

Navigator Program Referral Outcomes
by Type of Outcome
July 2011 to May 2012

- Declined/Refused Services: 5%
- Ineligible: 8%
- Unable to Contact: 16%
- Received Services: 71%
Navigator Program
Total # of Referrals by Month
and Average Number of Referrals
July 2011 to May 2012

Total Number of Referrals for All Providers by Month
Average Number of Referrals for All Providers and All Months
Navigator Program
Reason for Referral - Total Number by Category
July 2011 to May 2012

- Community Resources: 4,751
- Behavioral Health: 4,012
- Psychiatric: 3,761
- Employment/Vocational: 3,666
- Housing: 3,294
- AHCCCS Assistance: 3,269
- Substance Use: 3,253
- Transportation: 3,222
- Medical: 2,558
Inpatient Admissions and Readmissions
July 2011 – March 2012

Admissions
- 6-mos before referral: 912
- 6-mos after referral: 418

Readmissions
- 6-mos before referral: 394
- 6-mos after referral: 184
Inpatient Admissions and Readmissions
July 2011 – March 2012

- Admissions: 912 (54% before referral, 418 before referral, 394 after referral)
- Readmissions: 394 (53% before referral, 184 after referral)

Data current through March 2012
Inpatient Bed Days
July 2011 – March 2012

FFS Bed Days
- 6-mos before referral: 656
- 6-mos after referral: 318

SubAcute Bed Days
- 6-mos before referral: 251
- 6-mos after referral: 103
Inpatient Bed Days
July 2011 – March 2012

*Data current through March 2012

FFS Bed Days
SubAcute Bed Days

656
318

251
103

52%
59%

6-mos before referral
6-mos after referral
Inpatient Cost Savings
July 2011 – March 2012
$282,398.50

*Based on rev. code 0114 @ 700.35 per diem
**Based on rev. code 0124 @ $308.65
Questions/Comments?
Thank You

Justin Chase
Magellan Health Services
Sr. Director of Adult Clinical Care
jchase@magellanhealth.com

John Hogeboom
Community Bridges, Inc.
VP/ Chief Operating Officer
jhogeboom@cbridges.com