The Critical Role of Crisis Receiving Centers in CIT Programs
Introductions

- Law-Enforcement
  - Regions
  - Urban/Rural
  - Perspective of Program Status

- Family, Consumer, Advocate

- Behavioral Health
  - Regions
  - Urban/Rural
  - Crisis or Outpatient
  - Funder
The 5 “Legs” Of a CIT Program

- Law Enforcement Training
  - 40 Hour Advanced/Voluntary Students
  - Community Instructors

- Community Collaboration
  - Law Enforcement, Providers & Consumers/Families

- Vibrant Accessible Crisis System
  - “No Wrong Door” Approach
  - Expedient – Quick & Certain Responses

- Behavioral Health Provider Training

- Education for Family, Consumers, Etc.
1. No Wrong Door Philosophy (They can enter anywhere, and Behavioral Health Providers can move amongst their system)
   - MH/SA/T19/N-T19, etc.
   - Not too 390 or not 390 enough, STO, “Ping-Pong” (i.e. don’t “U.M” them)
   - Need Medical Clearance, etc.

2. Expedient – Quick Turn Around

3. If Mobile Response – Quick & Certain Responses (not “triage“)
“Big Picture/Lasting Effects”
We’re encouraging philosophy shift & far reaching consequences
Annual Phoenix Metro PD Handoffs to the Crisis System

Average Annual Hand-offs

Detox/Voluntary Pysch Eval: 4656
Mobile: 2640
Pysch Receiving Center - Involuntary: 9516
Pysch Center - Voluntary: 2184

18,996!
Community Bridges Total Law Enforcement Drop Offs

2016 – 8,116
2017 – 8,988
2018 – 9,701

*Average PD turn around time under 3 minutes
CBI’s Statewide System of Care

- **1,500+ Employees, 30 Locations**
- **Peer Support & Outreach (600 Peers)**
- **Access Point / Transition Point (x2) (Crisis Entry Point)**
- **Crisis Stabilization & Inpatient Psychiatric (x1)**
- **Crisis Stabilization & Medical Detoxification (x3)**
- **Residential Treatment/BIP (x5)**
- **Rural Stabilization & Recovery Units (SRU’s) (x2)**
- **Psychiatric Services (Telemed to all locations)**
- **Medically Supervised Treatment**
- **Tele-med Statewide (Hard-wired at each location)**
- **Housing the Homeless (300 units available)**
- **Veterans Outreach (3 programs)**
- **Patient Centered Medical Centers (11 locations)**
- **Outpatient Opioid Medical Detox Co-locations (including Prescription Medication)**
- **Permanent Supportive Housing for Women (3 fourplexes; 500 vouchers)**
- **Women’s and Children’s Programs (Transitional and Supportive Housing)**
Front Door of Crisis System

Community Psychiatric Emergency Center (CPEC)
- 50 crisis chairs
- 16 inpatient beds

Central City (CCARC)
- 32 crisis beds
- 16 detox beds

East Valley (EVARC)
- 11 crisis beds
- 16 detox beds

West Valley (WVAP/TP)
- 26 crisis chairs
- 41 transition point beds

Tucson Toole
- 40 crisis chairs
- 32 inpatient beds
- 28 transition point beds

Total 2017 Crisis Admissions: 56,699
Access Point

- Urgent Psych / Substance Abuse
- 24/7 Assessment, Stabilization, Triage
- Medical Management
- Outpatient Opiate Detoxification
- Connection to Community Resources

Transition Point

- Longer Psych/Substance Triage (2–3 days)
- Medical Monitoring and Stabilization
- Connection to Community Resources
## INCOMING FROM:

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## SERVICES DELIVERED

**EAST VALLEY**
- Level I
  - Crisis: 6,902
  - Detox: 1,568

**ABR**
- Level I
  - Crisis: 1,091
  - Detox: 804

**EV AP/TP**
- OP/Level 3
  - Crisis: 8,617
  - Residential: 1,640

**CBI Transport**
- (In/Out)

**CASS / DRC**
- Shelters: 2,227
- Housing First Apts Now: 8,805

**WV AP/TP**
- OP/Level 3
  - Crisis: 9,372
  - Residential: 1,619

**Telemed Sites**
- MDs/NPs/RNs: 33,580 annually

**CASS**
- Outreach: 6,988
- Family: 9,959

**UPC/PRCW**
- 321

**GMH/SA**
- HCH PCP: 226
- Med Plans: 2,770

**PCP**
- 226

**UPC & RRC**
- 1,297

**Shelter**
- 483

**Access To Care Crisis**
- Intervention/Warm Line: 600 - 700 calls/day
- Navigators Outreach

## OUTCOMES:

**CASS**
- Housing First Apts Now: 8,805

**Recovery Homes**
- 8,805

**CASS / DRC**
- Shelters: 2,227

**Family**
- 9,959

**CBI Aftercare**
- 2,547

**Recovery Community**
- 6,988

**UPC/PRCW**
- 321

**GMH/SA**
- Enrolled Provider: 7,427

**Med Plans**
- HCH PCP

**Faith-based**
- 2,634

**PNO**
- SMI: 3,717

**TOTAL:** 44,625
Receiving Centers
24/7 Receiving Centers

- Front door to the behavioral health system – **Hand-off**
- Assess for ongoing services, provide brief intervention, group and individual sessions, as needed
- Provide support and resources
- Coordinate ongoing care through formal and natural supports
Receiving Centers

- Diversion & Alternative for Law Enforcement, Local Hospitals & Urgent Cares
- Options for friends, families, and Community
- 24/7 Accessibility
Some Advantages

1. Community Based
2. Designed Specifically to work with clients with Behavioral Health Needs
3. Built on Welcoming & Trauma Informed Care Environment
4. Designed with goal of rapid stabilization and (re)connection to ongoing services vs lengthy stays
5. Increased opportunities to connect individuals to ongoing “outpatient” care, etc.
Receiving Centers

Services

What services will be provided
- Evaluation/Assessment
- Treatment
- Medications
- Seclusion/Restraint
- Licensing required for services
- Covered services

Considerations

Criteria for services
- No wrong door philosophy
- No Authorization needed
- Dedicated Law Enforcement Entrance

Patient Flows
- Admissions
  - How do people get to the center
  - What happens when a person gets to the center
- Treatment
  - What happens while a person is at the center
- Discharge
  - How do people leave the center
Receiving Centers
Staffing Considerations

- 24/7 staffing – Various Shifts & types
- Professional Staff
  - Medical practitioners (e.g. MD/DO, NP, PA)
  - Nurses
  - Social Workers
  - Telemed
- Paraprofessional staff
  - BH Technicians (milieu management)
  - Peers
- Administrative staff
  - Phones, Registration, Billing
- Management
  - Medical Director
  - DON
  - Quality, Compliance, Administration
  - Clinical/Social Services
Receiving Centers Funding Considerations

- Who will pay for services
  - Medicaid
  - Commercial

- Funding/Reimbursement methodology

- Licensure/Accreditation
  - State regulations
  - Medicaid/Medicare requirements
  - Accreditation

- Stakeholders/Customers
  - Who are the customers?
    - Law enforcement/First Responders
    - Hospitals/EDs
    - MCOs (funders)
    - City
    - Community/Neighbors
    - County
Integrated Services

- Psychiatric Services—NP, Psychiatrists, RN
- Substance Use Treatment—Medical detoxification, Counseling, MAT Services
- Medical—Physical health treatment and PCP services, FNP
Considerations
- ASAM Criteria
- Natural Support Involvement
- Outpatient / WRAP services
- Medical Needs
- Bridge Scripts
- Transportation
- Housing – Recovery Homes, Family, Independent Living, Residential, etc
Collaboration

- Regular meetings and collaboration i.e.
  - Police
  - Funders
  - Stakeholders
  - Partner Agencies
  - Etc.
Rural Considerations

- Community Needs
- Access to Services
  - Medical
  - Behavioral Health

Transportation
Cultural
Stabilization and Recovery Unit
Overview

Front Door for Rural Communities
**Stabilization and Recovery Unit (SRU) Services**

- Staffed 24/7 with an EMT and a Peer Support Specialist
- Withdrawal Monitoring and supported by 24/7 Triage RNs—Reviews medical and withdrawal symptoms for each admission
- Follow-up for behavioral and physical health with a qualified Medical Practitioner
- Outpatient Treatment Center co-located for behavioral health support and ongoing care
- Tribal supports in place for specific programming
- Peer Support Services - Utilizes Living in Balance curriculum to address substance abuse, physical health and wellness, vocational, and recovery skills
- Access to inpatient behavioral health services for medical detoxification and other services in geographic area, when needed.
- Transportation and ongoing outreach
Telemedicine Capability

- 24/7:
  - Medical Screenings – Immediate Treatment
  - Urgent Psych Assessments
  - Ambulatory Detoxification
  - Bridge Scripts
  - Routine Treatment
  - Addiction Medicine
Peer Support Programs

CBI Peers help to navigate the “Recovery Journey”

*Crisis Peers transform despair into hope...*
Peer Support

- Peer Support are Integral to every stage
- Serve as a guide during intervention
- Critical role reducing anxiety and building “therapeutic alliance”
- Filling critical community gap
- Advocacy
- Discharge Planning & Coordination of Care
- Integrating Peers throughout Programs
- Integrating Peers throughout our Community
THANK YOU